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An Evaluation of the Implementation and Perceived Utility of the Airman Resilience Training Program

Gabriella C. Gonzalez, Reema Singh, Terry L. Schell, Robin M. Weinick



NATIONAL DEFENSE RESEARCH INSTITUTE

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Prepared for the Office of the Secretary of Defense

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Preface

Since 2001, the U.S. military has been functioning at an operational tempo that is historically high for the all-volunteer force in which servicemembers are deploying for extended periods on a repeated basis. Even with the drawdown of troops from Iraq in 2011, some servicemembers are returning from deployment experiencing difficulties handling stress, mental health problems, or deficits caused by a traumatic brain injury (TBI). In response to these challenges, the U.S. Department of Defense (DoD) has implemented numerous programs to support servicemembers and their families in these areas. In 2009, the Assistant Secretary of Defense for Health Affairs asked the RAND National Defense Research Institute (NDRI) to develop a comprehensive catalog of existing programs sponsored or funded by DoD to support psychological health and care for TBI, to create tools to support ongoing assessment and evaluation of the DoD portfolio of programs, and to conduct evaluations of a subset of these programs.

This report describes RAND's assessment of an Air Force program, Airman Resilience Training (ART), which is a psychoeducational program designed to improve airmen's reactions to stress during and after deployment and to increase the use of mental health services when needed. ART was initiated in November 2010, replacing a previous program named Landing Gear, which had been in place since April 2008. Our study took place from August 2011 through November 2011.

This report will be of particular interest to officials within the Air Force who are responsible for the psychological health and well-being of airmen, as well as to others within the military who are developing programs for servicemembers to help them cope with stress while in combat situations and after returning from deployment.

This research was sponsored by the Assistant Secretary of Defense for Health Affairs and the Defense Centers for Excellence for Psychological Health and Traumatic Brain Injury and was conducted jointly by RAND Health's Center for Military Health Policy Research and the Forces and Resources Policy Center of the RAND NDRI. The Center for Military Health Policy Research taps RAND expertise in both defense and health policy to conduct research for the Department of Defense, the Veterans Health Administration, and nonprofit organizations. RAND Health aims to transform the well-being of all people by solving complex problems in health and health care. NDRI is a federally funded research and development center sponsored by the Office of the Secretary of Defense, the Joint Staff, the Unified Combatant Commands, the Navy, the Marine Corps, the defense agencies, and the defense Intelligence Community.

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Summary

Background

Since 2001, the U.S. military has been functioning at an operational tempo that is historically high for the all-volunteer force. Even with the 2011 drawdown of troops in Iraq, servicemembers have been experiencing stressful and frequent deployments, which are increasing stress and strain on relationships and the general psychological well-being of servicemembers and their families. In response to these challenges, the U.S. Department of Defense (DoD) has implemented numerous programs to support servicemembers and their families in this area. In 2009, the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury asked RAND to help identify and examine the effectiveness of DoD-sponsored programs designed to support servicemembers and their families. One such program is Airman Resilience Training (ART), developed by the Air Force's Office of Deployment Psychological Health and implemented in November 2010. It replaced its predecessor, Landing Gear, which had been in place since April 2008.

ART is a psychoeducational program that aims to provide deploying airmen with tools and techniques to improve their ability to cope with stressful events and to facilitate their smooth reentry into work and family life upon returning from deployment. It is delivered in a workshop or class setting and consists of a set of PowerPoint briefing slides and accompanying training manual (shown in Appendix A). The briefing provides information to the briefer on the content of the slide and recommends types of examples or illustrations to share with the audience. ART can be delivered in a variety of locations; briefers are allowed to be flexible in their approach; and the installation can determine the frequency and scheduling of classes based on the airmen's deploying and reintegrating schedules. All Air Force deployment sites (installations or bases that deploy airmen) are required to provide resilience training to their deploying and reintegrating airmen. ART fulfills this requirement. Although ART is the Air Force's official resilience training briefing, installations are allowed to use any other resilience training program that suits the needs of their deploying airmen, but ART is required for reintegrating airmen.

Study Objectives

This study had two objectives: (1) to ascertain the extent to which ART was being implemented according to its original design and (2) to gauge its potential usefulness and value as perceived by deploying and reintegrating airmen and mental health professionals. This study does not directly evaluate the program's effectiveness in promoting resilience. Instead, the study is an

implementation evaluation, which aims to describe how ART is being implemented and to provide insight into its potential to meet its intended goals of improving resilience, reducing stress, and improving help-seeking behavior among airmen.

Methodology

To fulfill the study's objectives, the RAND team employed a case study design in which we observed the delivery of ART and conducted interviews and discussion sessions in four Air Force installations that utilize ART. From August 2011 through November 2011, RAND conducted site visits to assess how ART was implemented in four deployment centers and to document how useful airmen and mental health professionals at those installations consider ART.

Rationale for Site Selection

With the assistance of staff in the Air Force's Office of Deployment Psychological Health, RAND selected four installations to be used as sites for this study. These sites were selected based on a number of strategically chosen criteria to ensure that we captured diversity in installations' (1) location in the United States, (2) organizational function or mission (defined as Major Command), and (3) size of military population. We opted to use data-driven purposive sampling in order to include cases that would reveal a variety of possible implementation scenarios, as opposed to random sampling (Stake, 1995).

Data Collection Activities and Analytic Approach

We collected data during our site visits through three activities: (1) structured observations of ART briefings, (2) discussion sessions with deploying and reintegrating airmen after they were briefed, and (3) interviews with the installation's chief mental health provider and his or her staff.

To capture the variation in how ART was implemented across the four sites and perceptions of ART's usefulness for discussion session participants and mental health staff, we summarized information gathered from discussion session conversations and interviews with mental health staff at each site and then coded the information along major themes of interest, noting any consistencies or differences across the sites. We are cautious not to generalize our interpretation of the data beyond the four sites that participated in the study.

Findings

Implementation of ART Varied Across and Within the Sites

We found that ART was provided to airmen in the same setting (within the deploying and reintegration checklist process), but that its delivery varied. Some briefers followed the slides closely and some exemplified ART points or content with relevant statistics or anecdotes, as recommended in the training manual. No ART sessions included significant participant discussion as recommended in ART instructions, no airmen ever asked any questions, and most airmen appeared disengaged with the briefings, as exemplified by distracted behaviors, including texting on cell phones, closing eyes and putting their heads on tables or desks, and occasional chatting among peers.

By design, the members of the Mental Health Office that brief ART are allowed discretion in how to deliver ART depending on the needs of the airmen in the audience. However, across our sites, the ART briefings were delivered differently not based on the airmen's purported needs, but for the following reasons:

- **Institutional setting:** There was significant variation in the location and facilities where the briefing was provided and in the time allotted to ART by organizers of the deployment and redeployment checklists. In some instances, the ART slides were not available or the room where ART was to be briefed did not allow for PowerPoint presentations. On most occasions, briefers were only allotted five to ten minutes, although the instructions that accompany ART recommend that briefers take 30–60 minutes, and up to three hours for a high-needs audience.
- **Briefers' characteristics:** The briefers' deployment experience, mental health training, and experience with public speaking or leading discussions all varied across the sites, affecting the delivery of the material and the type of information that airmen were exposed to.

Perceived Usefulness of ART Was Generally Low

Discussion session participants reported that they did not recall much content from the ART briefing and most reported that they did not consider the information provided in ART to be useful for promoting their resilience or reintegration. They suggested several reasons for this:

- **Briefing fatigue:** The ART briefing was delivered to airmen in tandem with a long list of required briefings, many of which occurred on the same date or contiguous with ART.
- **Perceived redundancy with other programs that intend to promote resilience, such as computer-based suicide prevention trainings:** Many of our discussion session respondents felt that they were inundated with the information presented in ART. In turn, they reported “tuning out.”
- **Format as a PowerPoint presentation:** Teaching resilience skills through a set of briefing slides did not seem to encourage active learning of concrete coping skills, but rather the passive absorption of information. The format of ART as a PowerPoint slide deck also reportedly discouraged active participation and discouraged the dissemination of practical skills to airmen.
- **Lack of tailoring:** ART was presented to all audience members in each session in the same way, without recognition that each audience included airmen with different deployment experiences, missions, or combat experience. By design, ART briefers could adjust the briefing to fit the audience's needs, yet this is impossible to do when the audience has a wide mix of airmen. In practice, in the sites we visited, ART is delivered in a one-size-fits-all approach.
- **Content could be improved:** Informants reported that the information provided within the slides was often vague, and the specific behavioral coping skills (e.g., guidelines pertaining to receiving proper nutrition and sleep) and topic areas (e.g., maintaining healthy relationships with family members) they view as important were not covered.

Suggestions for Improvement

The study's findings suggest that at the four sites, there may be opportunities where ART can better meet its intended goals to promote the resilience of deploying airmen and to support the smooth reintegration of airmen returning from deployment. Given these findings, we suggest two ways that the Air Force could improve ART. Given the limited empirical evidence for resilience-building tactics or programs, we do not make suggestions for how the Air Force should conduct resilience training, but rather suggest that the Air Force focus on internal quality improvements by (1) conducting a needs assessment to identify the most appropriate goals for ART as well as an assessment to identify overlapping efforts within the Air Force on resilience training and (2) consider modifying ART's content and delivery based on our study participants' suggested strategies.

Conduct Assessments to Identify Appropriate Goals for ART

Given our findings that many airmen and mental health professionals reported that the ART briefing was not considered very useful and was possibly redundant with airmen's prior training or other briefings, we suggest that the Air Force conduct two types of assessments to best determine the goals, content, and structure of ART that will ensure that it is providing appropriate content in an effective and efficient manner. The first should be a needs assessment to gauge the current gaps in resilience training for airmen and identify an audience who may be at higher risk for experiencing stress while in theater or reintegrating into work and family life. If areas of resilience training most pertinent to these airmen are identified, the assessment could help determine how ART should address the needs of servicemembers who may benefit most from the training. Once the array of airmen's needs is determined, the Air Force could conduct another assessment to ascertain the extent of overlap in the content of resilience-related trainings currently provided by individual installations, Major Commands, and across the Air Force. The goal of such an assessment would be to redesign ART to be less redundant with other efforts and to repeat training material only when repetition is needed to improve learning or for specific groups that are at a high risk of encountering psychological health issues.

Implement Strategies for Ongoing Quality-Improvement of ART

If the goals of ART remain the same as they are now, we offer some suggestions for improving upon its current content and delivery as part of ongoing quality improvement efforts. We suggest ways the Air Force might improve ART to better meet the needs of deploying and reintegrating airmen, recognizing the variety of deployment and combat-related experiences across the Air Force. We base our suggestions for improvement on the findings from our site visits, the evidence base for program effectiveness, and the limited scientific literature on resilience. Before deciding to modify ART, it is important for the Air Force to consider the feasibility of implementing any changes.

Modify the Content of Art

Suggestions for improving the content of ART are based on the perceived needs and impressions of airmen who participated in the interviews and discussion sessions in this study and the limited scientific literature on resilience training. Since there are no empirically demonstrated resilience-building tactics or programs that provide strong scientific guidance regarding modi-

fications to content, these suggestions should be seen as part of a process of internal quality improvement.

- **Design the content to meet the needs of specific intended audiences** (e.g., first-time deployments, deployments to combat areas) and tailor the content and language to the challenges facing that audience. While ART is designed to be modified by the briefer to adapt to the audience, the actual setting does not allow such tailoring, as the audience usually contains a diverse mix of servicemembers. Also, the briefer has no prior knowledge of who will be attending the training session, further circumscribing his or her ability to plan ahead.
- **Focus on skills training in ART.** Focus on teaching a few specific, concrete skills or coping behaviors that airmen are likely to use, rather than delivering a broad educational course on the determinants of resilience. This new, narrow focus may require skill demonstration, practice, and detailed examples of when the behavior may be useful.
- **Allow airmen more choice in the resilience training they receive.** Consider allowing airmen to select among required resilience courses that will best prepare them for their expected challenges during deployment. For example, courses on specific deployment-related skills, such as “sleep and nutrition,” “reducing stress and relaxation (anxiety),” “maintaining energy and focus (antidepressant),” and “effective parenting from abroad.” Airmen could complete their required resilience training by selecting any of the available courses, and those with multiple deployments could select different content for each deployment to be less repetitive. To ensure that airmen are receiving necessary skills, they could make the selection in consultation with the installation’s mental health office, or the Air Force could mandate a minimum number of courses or types of courses be taken in a year.
- **Incorporate engaging anecdotes and examples in a standardized way.** Given the variation in the type and utility of anecdotes or illustrations provided by the briefers we observed in this study, consider developing all or part of ART as a videotaped presentation by an expert presenter with well-selected anecdotes. Someone from the mental health office can still be available for facilitating discussion and answering questions. It is difficult to place all responsibility solely on the briefers to consistently supply engaging material when circumstances are wide ranging regarding amount of preparation time, presentation setting, and background experience.

Modify the Delivery and Implementation of ART

Delivery of ART (as currently structured) could be improved to ensure that airmen are more attentive to the training and therefore more likely to fully absorb and process its content. We draw these suggested improvements from the perceptions, experiences, and impressions from airmen in our site visits as well as from the established research on program implementation.

- **Ensure buy-in from Air Force personnel who are involved with implementation and delivery.** We found that organizers of the deployment and reintegration process at the sites we visited expected ART to conform to their scheduling constraints. The disconnect between ART developers’ expected duration of 30–60 minutes and deployment and reintegration process organizers’ expectations led to some tense situations. If ART is to

remain a part of the deployment and reintegration process, installation commanders need better communication with briefing organizers. Without buy-in from those who are part of the implementation process, a program will not succeed in meeting its goals.

- **Recalibrate the scope of material covered or the timing allowed.** A clear hindrance to the briefers' ability to provide ART as designed was the lack of time and facilities. In practice, briefers are delivering content designed for a 30–60 minute presentation in about 10 minutes. It may be helpful if either (1) the briefers are required to spend more time delivering ART (and this requirement should be clearly communicated to the organizers of the deployment and reintegration processes) or (2) ART is scaled back so that the content can be usefully covered in much less time. If potential redundancies with other Air Force resilience training programs are identified in the assessment suggested above, then it may be possible to scale back the content of ART without airmen losing skills training.
- **Minimize the extent to which the resilience training takes staff resources away from treatment activities.** Incorporating computer-based training, a video module, or using briefers who are not treatment providers might help with this goal.
- **Institute criteria for who should brief ART.** To limit the variation in briefing style or perceived legitimacy, one option is to specify criteria to ensure that briefers have experience or skills in presenting briefings, or that they have deployment experience. As is, ART instructions recommend that briefers be mental health or Integrated Delivery System personnel, with no recommendations for deployment experience or the type of training the briefer should have to deliver presentations. For example, it may be helpful to avoid having a servicemember with no deployment experience briefing those with combat experience on handling deployment stress. Furthermore, it may be more important that the briefer have a diverse deployment history than that the briefer be a mental health treatment provider.
- **Ensure that briefers receive clear guidance and training on how to deliver ART and what content to cover.** To ensure that briefers are adequately and appropriately trained to deliver ART, more than written instructions need to accompany the briefing slides. When ART was first launched, the Office of Deployment Psychological Health held teleconferences and webinars to describe the program. One option is to provide these types of information sessions on a regular basis for new briefers. Another option is to hold in-person training sessions at a centralized location for all briefers. A third option is to utilize personnel already trained in resilience training, such as Master Resilience Trainers, once that program fully stands up.
- **Reconsider using PowerPoint slides as the primary medium.** To better engage airmen, one suggestion is to not have ART delivered solely in a PowerPoint format because this format promotes passive learning. If more time is allotted to the briefers, one option would be to incorporate more hands-on learning experiences for airmen, which would encourage more active listening. Such experiences may include role-playing, games, or tactics that may involve interacting with fellow airmen in the room.
- **Track implementation.** For any program to be successful in meeting its intended goals, it is important to measure its delivery or implementation. If ART briefers diverge from delivery approaches articulated in the instruction manual, then there is little chance that the program will meet any of its intended goals. To determine whether installations are implementing ART as it is designed, the Office of Deployment Psychological Health could administer surveys to briefers that measure what is known as “fidelity of implemen-

tation.” These surveys should have questions that allow briefers to gauge the extent they are able to deliver the briefing as designed and to express facilitators or barriers to their being able to deliver the briefing. ART developers can make changes to the program, if needed, and can gauge any potential areas of weakness based on this information.

Conclusions

These suggestions could improve the Air Force’s resilience training by creating a program that is more engaging, skills-focused, targeted to those at risk, and memorable, while placing less of a workload on mental health care providers.

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Abbreviations

AFRC	Airman and Family Readiness Center
ART	Airman Resilience Training
CAF	Comprehensive Airman Fitness
CAIB	Communication Action Information Board
CBT	computer-based training
CSF	Comprehensive Soldier Fitness
DoD	Department of Defense
EOD	Explosive Ordnance Disposal
FAP	Family Advocacy Program
IDS	Integrated Delivery System
JET	Joint Expeditionary Tasking
MFLC	Military and Family Life Consultant Program
PDHRA	Postdeployment Health Reassessment
PTSD	posttraumatic stress disorder
SARC	Sexual Assault Response Coordinator
SRI	Support and Resilience Inventory
TBI	traumatic brain injury

Introduction

Background

In 2009, the U.S. Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury asked the RAND Corporation to help identify and examine the effectiveness of U.S. Department of Defense (DoD)-sponsored programs designed to support psychological health among servicemembers and their families. One such program is Airman Resilience Training (ART), which was developed by the U.S. Air Force Office of Deployment Psychological Health.

The potential psychological effects of these operations on servicemembers and their families have gained attention in recent years. Even with the 2011 drawdown of troops in Iraq, some servicemembers are experiencing stressful, frequent, and long deployments. These deployments are associated with stress and strain on relationships and general psychological well-being. Among those who deployed to Iraq and Afghanistan as of October 2007, approximately one-fifth reported symptoms consistent with current posttraumatic stress disorder (PTSD) or major depression, and about the same number reported having experienced a probable traumatic brain injury (TBI) while deployed (Tanielian and Jaycox, 2008).

In the remainder of this chapter, we describe the Air Force's deployment process and deployment-related psychological health concerns in the Air Force, the ART program, and the Air Force's resilience efforts that are under way to complement ART, as well as the existing scientific literature on resilience programs that use approaches similar to ART. We then discuss the objectives of the study and research questions.

Air Force Deployment Process and Deployment-Related Psychological Health Concerns

According to figures obtained from the Air Force's Office of Deployment Psychological Health, as of April 2012 approximately 31,300 active duty, guard, and reserve airmen were on deployment.¹ Air Force deployments are different than those experienced by other branches of service in ways that may affect the content and delivery of programs that are intended to build resilience, such as ART. Air Force deployments vary significantly depending on the specific mission being performed, the demand for the airman's skills or occupational specialty when

¹ These airmen had deployed from hundreds of installations worldwide. An installation is the geographic location of a base and any annexes or other military establishments associated with that base. In practice, the Air Force uses the terms *base* and *installation* interchangeably.

deployed, and the location to which airmen are being deployed. Deployment length is typically six months, although there are also one-year deployments. In addition, the exposure to risk factors for morbidity and mortality varies considerably, with outside-the-wire combat missions—such as Explosive Ordnance Disposal (EOD) units—having higher traumatic exposures than missions that do not leave the base or those deployed outside of active combat zones. While some airmen deploy as part of their assigned unit in a large group, it is more typical for airmen to deploy as small groups or even individuals from disparate installations joining together (e.g., “onesies and twosies”) to form a deployed unit. Some airmen also deploy jointly with an Army battalion (Svan, 2011).

Given the potential variation in deployment within the Air Force (length, exposure to high-stress or combat missions) and the fact that airmen typically deploy as individuals, rather than as part of a larger group as in the Army, Navy, or Marines, airmen’s deployment-related psychological health problems may also differ. The prevalence of probable PTSD among previously deployed airmen was one-fifth the prevalence observed among previously deployed Army soldiers (Schell and Marshall, 2008). This very low prevalence of PTSD appears to be partially attributable to lower rates of deployment trauma (Schell and Marshall, 2008).² However, increased attention has been given to stress that arises from deployment roles unique to airmen. For example, one primary Air Force mission is to bring wounded to treatment facilities. Although the crew might not be directly in harm’s way or experience a traumatic event, they are exposed to potentially distressing sights, sounds, and smells. Another example is the high levels of stress reported by nearly half the operators of drone (unmanned, remotely controlled) aircraft in a study conducted by the Air Force School of Aerospace Medicine. This stress was attributed to long, erratic work hours or shift changes because of staff shortages, job pressures, long stretches of vigilant observations, viewing of live video streams of unintended civilian (but not necessarily enemy combatant) deaths, and the dissonance between their combat-related work and having to return to a family life after hours (Schogol and Ricks, 2012; Bumiller, 2011).

Because airmen experience fewer deployment-related psychological health problems relative to other branches of service, the potential impact of a deployment-related resilience program could be smaller than in another branch of service whose members have a higher likelihood of deployment-related psychological health problems. Given the lower prevalence of airmen deploying to combat-related areas, an effective resilience program may need to focus on preventing a wide range of psychological health issues that airmen experience, such as PTSD, depression, substance abuse, or anger issues. As such, resilience programs designed for deploying soldiers or marines that focus primarily on the prevention of PTSD may not be optimal, or even appropriate, for deployed airmen.

Overview of Airman Resilience Training

All deployment sites are required to provide resilience training to airmen before they deploy in what is called *pre-exposure training* (Secretary of the Air Force, 2011) as well as to airmen

² According to statistics provided by the Air Force Office of Deployment Psychological Health, 20 percent of airmen are exposed to serious traumatic events in theater; less than 1 percent develop PTSD. Airmen with a history of trauma exposure are two to four times more likely to develop PTSD than other airmen.

returning from deployment (referred to henceforth as *reintegrating* airmen in this report), fulfilling Air Force requirements for a mental health component in reintegration education (Secretary of the Air Force, 2006). ART replaced its predecessor program, Landing Gear, on November 1, 2010.³

ART is a psychoeducational program that aims to provide deploying airmen with tools and techniques to improve their ability to cope with stressful events and to facilitate a smooth reentry into work and family life for airmen upon returning from deployment. It is delivered in a workshop or class setting and consists of a set of PowerPoint briefing slides and an accompanying training manual, which provides information to the briefer on the content of each slide and recommends types of examples or illustrations to share with the audience. The training manual also recommends that the briefer conduct discussion sessions and role playing.

In the fall of 2010, the Air Force Surgeon General, Lt Gen Charles B. Green, disseminated the ART briefing to commanders at all Air Force installations. In the accompanying training manual and his cover letter, Lieutenant General Green noted that the goal of ART is “to enhance the resilience and peak performance of airmen, strengthening mind, body, and spirit using a skills-based approach, providing information on when, where, and how to seek resources if needed. . . . It is intended to provide a standardized approach to pre-exposure preparation training for deploying airmen and reintegration education for redeploying airmen” (Green, undated). The ART predeployment and postdeployment briefings with the accompanying training manual can be found in Appendix A.

The predeployment ART briefing includes tools and mechanisms that airmen can use while in theater to cope with stress. The briefing teaches airmen what to expect when deployed and how to cope with stressful situations by focusing on four “Cs”:

- Check: Know yourself, what to expect from yourself and others.
- Control: Practice self-control of responses to situations.
- Connect: Communicate with family, friends, and coworkers and use leadership skills to make a difference.
- Confidence: Build trust in self, training, and leadership.

The purpose of the postdeployment ART briefing is to facilitate a smooth reentry into work and family life for airmen returning from deployment. The briefing restates the “four Cs” resilience skills introduced in the predeployment ART briefing, summarizes typical reintegration and reunion stress points and typical reactions, and concludes with available resources for obtaining help.

Although ART is the Air Force’s official resilience training program, installations are allowed to use any other resilience training program that suits the needs of their deploying airmen. For example, if airmen are deploying with an Army battalion, they may receive an Army resilience briefing in lieu of ART.⁴

³ Landing Gear was initiated in April 2008. Its goal was to serve as a “bridge to care” so that the airmen experiencing traumatic stress symptoms would be connected with appropriate resources.

⁴ RAND communication with the Air Force Office of Psychological Deployment Health, November 3, 2011.

Underway Efforts to Build Resilience in the Air Force⁵

The Air Force defines resilience as, “the ability to withstand, recover and/or grow in the face of stressors and changing demands.”⁶ Understanding the importance of resilience, the Air Force has recently implemented a number of Air Force–wide efforts to promote resilience. On March 30, 2011, the Air Force launched Comprehensive Airman Fitness (CAF) “to help Total Force Airmen and Families withstand, recover and/or grow in the face of stressors and changing demands” (Watts, 2012).⁷ CAF is a targeted, tiered program to provide interventions focused on the needs of different populations, and it focuses on mental, physical, social, and spiritual health of airmen. Key principles of the program include using a strength-based approach, using frontline supervisors as the key to teaching resilience, and educating airmen and family members on fitness. These principles are meant to complement and align with those from the Chairman of the Joint Chiefs of Staff’s Total Force Fitness model. Furthermore, resilience principles are incorporated into all accessions and professional military education courses. In addition, the Air Force is training four Master Resilience Trainers per active duty installation and one per guard/reserve installation to deliver resilience training to their military populations (Mullen, 2010). The training aims to empower noncommissioned officers by teaching them resilience techniques so that they will be able to step outside a stressful experience and control their reactions. The course takes eight hours to complete and consists of PowerPoint presentations and exercises that are intended to be engaging, interactive, and meaningful, including role-playing, and enables the instructor to tailor the lesson to be base-specific. While instructors are not required to hold a clinical background in psychology, they must undergo specialized preparation in order to deliver the training. At the time of this study, the Master Resilience Training effort was being piloted in a few bases, but had yet to be implemented across the Air Force.

Another Air Force–wide program is the Leadership Pathways Model, which aims to incentivize airmen and family members to take classes offered by installations’ helping agencies, such as the Airman and Family Readiness Center (AFRC), medical facilities, or chaplaincy offices. This program began in January 2012.

A third program is the Support and Resilience Inventory (SRI). This is an online self-assessment tool that can be used by airmen or families to assess their level of resilience. The tool can also be used by squadron, group, or wing leadership to gauge the level of resilience of personnel within a unit. SRI is available at all AFRCs. It has been available on the Air Force internal website (or Portal) since January 2012.⁸

A fourth program is the Leadership Toolkit, which is an online resource that has been available on the Air Force Portal since December 2011. The Toolkit is designed to assist leaders at all levels in building resilience within their units. It includes activities, testimonials, tailored briefings, articles, strategic communication plans, and best practices. It also includes links to such support services as the SRI and information on deployment-related health assessments.

⁵ Information in this section was provided by the Air Force Office of Psychological Deployment Health during conversations on March 5, 2012.

⁶ RAND communication with the Air Force Resiliency Office, June 5, 2012.

⁷ Prior to this date, the Air Combat Command and the Air Mobility Command Major Commands had instituted resiliency programs, which were also called Comprehensive Airman Fitness.

⁸ This website is restricted and requires a password to access and log into the site.

Psychoeducational Resilience Programs

Throughout all branches of the military, there are extensive efforts to create a more psychologically resilient force. Such programs are generally intended to be administered to healthy servicemembers prior to the onset of psychological problems. They are designed to improve servicemember performance within stressful situations and/or to prevent the development of psychological problems after exposure to stress or trauma. A 2011 comprehensive review of resilience programs catalogs the extensive variability of activities that are designed to improve force resilience (Meredith et al., 2011). For example, these include intensive programs involving several weeks of small group instruction designed to train more adaptive cognitive reactions to stressful events and very brief efforts, such as the distribution of brochures that list the symptoms of PTSD and provide phone numbers for seeking help.

ART, like a large number of resilience programs, is psychoeducational in nature. It aims to provide information to deploying airmen about psychological topics related to stress, social support, and the identification of psychological problems. ART also aims to provide airmen with techniques or behaviors demonstrated in the general population and among military populations to promote health (such as getting enough sleep or eating healthily) or to manage stress as a way to promote “mental readiness” (such as using tactical breathing to control thoughts, emotions, or behavioral responses) (Thompson and McCreary, 2006).⁹ Furthermore, ART aims to provide information on Air Force resources for those seeking help. Studies in the civilian population have shown that being unaware of availability of services, lack of perceived need, and fear of stigma deter many of those in need from seeking help (Eisenberg, Golberstein, and Gollust, 2007). In turn, help seeking can save lives. One study found that civilians at risk of depression or suicide are less likely to attempt suicide if they had sought help from clinicians or other professional caregivers (Barnes, Ikeda, and Kresnow, 2001). ART therefore aims for airmen to integrate stress management and help-seeking behavior into everyday practices so that they are natural and reflexive. This knowledge is thought to lead to healthier reactions to stressful situations as well as improved treatment seeking when unhealthy reactions occur (Adler et al., 2011).

In general, psychoeducational interventions are assumed to work through a causal process in which the educational program affects participant knowledge, which affects participant reactions or behaviors, which affect the ultimate psychological health outcomes of interest. Although psychoeducational interventions are some of the most common programs designed to promote resilience, the existing evaluation literature is relatively weak in both military and civilian settings (Mulligan et al., 2010). The effects of most of these programs have never been evaluated, and those evaluations that have occurred have not found statistically significant effects on the ultimate outcome of interest, psychological health.¹⁰

The existing evaluation literature that supports psychoeducational resilience interventions has primarily demonstrated that participants learned some of the presented educational

⁹ This technique is drawn from a cognitive-behavioral tradition in which stress is defined as the result of an imbalance or mismatch between environmental demands and the person’s perceived coping resources (Pierce, 1995; Mischel, 2004). When the perceived imbalance between individual resources and environmental demands is high, physiological and psychological reactions are increased. If a person is unable to cope with the increased reactions, normal functioning can be compromised.

¹⁰ See Meredith et al., 2011, for a review.

material. It is not clear how to interpret the weakness of this evaluation literature: The lack of strong empirical evidence showing that psychoeducational programs improve psychological health may be due to limitation of the evaluations themselves (i.e., correlational designs, lack of statistical power, failure to measure ultimate outcomes, or failure to assess the most effective programs). Alternatively, the lack of evidence may occur because these programs are not particularly effective. Without an empirical literature demonstrating which resilience programs are effective, we cannot evaluate ART by comparing it to evidence-based practices, as the field has not yet identified such practices or ideal program elements with detectable, reliable positive results.

Purpose of This Study and Research Questions

This study was conducted from August 2011 through November 2011. It was informed by the theoretical model of how psychoeducational resilience programs may affect psychological health: (1) ART participants should learn content provided in the briefing, and (2) this content should change participants' thoughts, feelings, and behaviors (i.e., the information is useful or actionable for airmen).

This study does not directly evaluate the program's effectiveness in promoting resilience, reducing stress, or changing help-seeking behavior. This is for two reasons. First, evaluating the effectiveness of a psychoeducational intervention like ART would require a research design that was not feasible at the time of the study. To study the effectiveness of ART, one would need to implement a research design in which we followed airmen who received ART through time and compare them to airmen who did not receive ART but who are otherwise similar (e.g., similar deployment experiences or mental health prior to receiving ART) or in which both groups of airmen are randomly selected. This was not feasible given that ART had already been implemented throughout the Air Force prior to the start of the evaluation. Moreover, requesting that the Air Force not provide ART to a portion of airmen was neither practical nor feasible given that resiliency training is mandatory for all airmen. Second, given the short time period during which ART had been in place at the time of this study and the diverse ways in which ART is allowed to be administered, little to date is known about the extent to which ART is administered with fidelity to its original design, or the extent of variation in how airmen receive ART—information that is vital to know prior to conducting an effectiveness study. Therefore, this study describes how ART is being implemented and provides insight into its potential to meet its intended goal. By conducting an implementation evaluation, we can answer questions about how targeted participants experience ART, understand variations in the delivery of ART to targeted participants or clients, and describe how ART is organized (Patton, 2001). This type of evaluation allows us to identify areas of strength and areas needing improvement within the program, although it cannot determine whether ART is effective in meeting its goals.

Our study had two objectives: (1) to ascertain the extent to which ART was being implemented according to its original design and (2) to gauge its potential usefulness and value, as perceived by deploying and reintegrating airmen as well as mental health professionals.

To understand how ART was being implemented, we asked the following research questions:

- Is the targeted population receiving the briefing?
- Is delivery of the briefing appropriate for enabling comprehension and full impact of the material?
- Is delivery of the briefing consistent with guidelines or instructions provided?
- Does the briefing convey the appropriate material for the target population?

In order to gauge ART's perceived usefulness to airmen, RAND inquired about the relevance, novelty, and practicality of the information provided in ART. We asked the following questions:

- How useful do deploying and reintegrating airmen find the material in the briefing?
- After receiving the briefing, do deploying airmen perceive they are now prepared to cope with stress in theater? To what extent?
- How do reintegrating airmen compare ART with resilience training programs or briefings they received prior to deployment?
- To what extent did reintegrating airmen report utilizing skills and coping mechanisms while in theater discussed in resilience training programs or briefings they received prior to deployment?

Organization of This Report

In Chapter Two, we describe the case study approach the RAND team used to conduct this evaluation. Chapters Three and Four summarize our findings. Chapter Five concludes this report with suggested modifications that might improve ART in the near future. The predeployment and postdeployment ART briefings and manual developed by the Air Force can be found in Appendix A. Our data collection instruments can be found in Appendixes B, C, and D.

Methodological Approach

To answer the study's research questions, the RAND team employed a case study design in which we observed the delivery of ART and conducted interviews and discussion sessions in four Air Force installations that utilize ART.

Using a case study approach allowed us to develop an in-depth understanding of the perspective of airmen and installation mental health professionals on how useful, relevant, and informative ART is. Case studies are particularly useful “when ‘how’ or ‘why’ questions are being posed, . . . and when the focus is on a contemporary phenomenon within some real-life context” (Yin, 1984, p. 12), as in this project. Case studies are inductive, meaning that research questions, rather than hypotheses, appropriately guide the data collection and analysis. Furthermore, this approach provides data that allow for assessments regarding barriers or facilitators to implementation and opportunities for replication or expansion. Despite these advantages, however, case studies are susceptible to bias in the analysis and interpretation of findings because only a handful of sites are used to gather data. To overcome this potential bias, the RAND team developed semi-structured interview protocols to ensure that we addressed relevant topics and asked similar questions across the sites. Furthermore, we are cautious not to generalize our interpretation of the data beyond the four sites that participated in the study.

The remainder of this chapter describes the rationale for site selection, the data collection activities employed on the site visits, participation rates of our targeted sample, and the approach we used to analyze the qualitative data gathered at the four sites.

Rationale for Site Selection

With the assistance of staff in the Air Force Office of Deployment Psychological Health, RAND selected four installations (sites) based on a number of strategically chosen criteria to ensure that we captured diversity in installations' (a) location in the United States, (b) organizational function (distinguished by type of major command), and (c) military population size (permanent party military personnel).¹ We opted to use data-driven purposive sampling, as opposed to random sampling, in order to include cases that would reveal a breadth of possible implementation scenarios (Stake, 1995).

One installation was selected from Air Force Space Command, one from Air Combat Command, one from Air Force Materiel Command, and one from Air Education and Training Command. The sites were located in the east, south, west, and southwest parts of the

¹ As described in “2011 USAF Almanac Guide to Air Force Installations Worldwide,” (2011).

United States. The size of the military population at the installations ranged from 6,100 to 20,000.

We wanted to ensure that we selected sites that would have a large cohort of both deploying and reintegrating airmen. However, RAND did not have access to information on the number of airmen deploying in a given time frame or the number of airmen who had been exposed to ART prior to our site visits. Our site selection process was therefore limited by the fact that the Air Force's deployment schedule is protected information and logistics commanders on bases were unable to tell us when large numbers of airmen would be deploying. Most importantly, the Air Force does not deploy airmen from centralized deployment centers. Instead, airmen deploy from their home installations; any number of airmen could be slotted to deploy in a given week. Furthermore, the Air Force Office of Deployment Psychological Health does not have information on which installations are implementing predeployment ART (since installations are allowed to select any resilience program for predeployment training).

To protect the confidentiality of the study participants, when we discuss our findings we refer to the sites by the numbers one through four. These number labels have been randomly assigned to the installations we visited.

Data Collection Activities

We collected data on site visits through three activities: (1) structured observations of ART briefings using the data collection instrument provided in Appendix B, (2) discussion sessions with deploying and reintegrating airmen after ART briefings using the protocols provided in Appendix C, and (3) interviews with the installation's chief mental health officer and his or her staff following the protocol provided in Appendix D. For each site, a RAND researcher and research assistant observed the predeployment and postdeployment ART briefings, and conducted the discussion sessions and interviews.

Structured Observations

To ensure consistency in observations, one member of the RAND team completed the structured observation protocol in all four sites. Both team members discussed the observations to reduce bias and resolve any discrepancies in observations.

The purpose of the observation tool was not to evaluate the performance of the briefer, but to document the variety of ways in which briefers administered ART and the context in which ART was delivered across the sites. Because briefers are allowed flexibility in delivering ART, the observation protocol was designed to capture that variation. The structured observation tool had four sections:

- Number and type of participants
- Room configuration and environment
- Description of whether and in what ways the briefer deviated from the slides or suggested talking points that accompany the slides
- Any questions that airmen asked during or after the briefing (e.g., clarifications on available resources, coping tactics) as well as the briefer's responses to those questions.

While observing each presentation, RAND team members assessed the briefer's fidelity to the slides and talking points, documenting the extent to which the briefer followed the guidelines or suggested talking points as articulated in the training manual. Based on this assessment, we then placed each presentation in one of three categories:

- **High:** Briefer followed the slides as written, used information from the backup slides, brought up topics covered in the talking points, and connected key points from the briefing materials for the audience.
- **Medium:** Briefer followed the slides, but mainly stated what was written on the slides without reference to material from the backup slides or the talking points.
- **Low:** Briefer did not use the slides or skipped slides, skipped key concepts, and did not use material from talking points.

Discussion Sessions and Interviews

Immediately after observing each predeployment and postdeployment ART briefing, RAND staff conducted discussion sessions with willing participants. Discussion session questions asked about airmen's overall impressions of the training and the briefer, perceptions of the usefulness of the training, and recollections of the content provided in the briefing. Each discussion session lasted approximately 30 to 45 minutes.

ART was delivered one or two times throughout a day, depending on the site. Each training session included a mix of airmen: officers and enlisted airmen, reservists in the Air National Guard and active duty, those deploying or returning from combat zones or other stations, and different occupational specialties attended the same ART sessions. In three of our sites, one person delivered the predeployment and postdeployment ART briefing. In the remaining site, the predeployment and postdeployment ART briefings were provided by two different people.

We recruited 50 percent of deploying airmen and 77 percent of reintegrating airmen who attended ART briefings to participate in our discussion sessions (84 out of the 170 deploying airmen and 64 out of the 83 reintegrating airmen). However, the number of airmen participating in the discussion sessions varied across sites. In some sites, the number of airmen receiving ART was relatively small so we opted to talk to all of those airmen at once. In one site, ART was delivered three times in one day. On each occasion, we spoke with half of the airmen in attendance. At Site two, postdeployment ART for reintegrating airmen was delivered once. However, we were not able to secure a private space to hold conversations with the reintegrating airmen at that site. Because of concerns about confidentiality, we did not conduct a formal discussion session and did not analyze the content of our conversations with these airmen.

At each site, we also interviewed Chief Mental Health Officers and their staff. As per instructions in the ART manual, the Chief Mental Health Officer determines who briefs ART. At two sites, the briefers of ART were present in these interviews. Interviews with Chief Mental Health Officers and their staff elicited their professional opinions about the content of ART, what type of training they were provided with, how they decided who would brief ART, and impressions of how the material is delivered to airmen. We also gained insight from these interviews into ART's place within the broader set of mental health programs at each installation. Each interview lasted approximately one hour.

Discussion sessions and interviews were tape recorded. A RAND team member took notes and used the tape recordings to verify the accuracy of the notes and to ensure that details of statements were written accurately. Tape recordings were destroyed after notes were checked.

Table 2.1 lists the number of ART briefings observed at each site, the number of discussion sessions, and the number of discussion session and interview participants for each site.

Table 2.1
Data Collection Efforts and the Number of Participants for Each Site

	Site One	Site Two	Site Three	Site Four
Predeployment				
Number of ART briefings	1	3	2	1
Number of deploying airmen in attendance	6	22	114	28
Number of discussion sessions	1	3	2	1
Total number of discussion session participants	6	13	59	6
Postdeployment				
Number of ART briefings	1	1	1	1
Number of redeploying airmen in attendance	28	6	35	14
Number of discussion sessions	1	0	1	1
Total number of discussion session participants	28	0 ^a	22	14
Chief Mental Health Officers and staff				
Number of participants in interview	4	2	2	2

^a Discussion session data were not included in the analyses because of lack of private space for conversation.

Analytic Approach

To capture the variation in how ART was implemented across the four sites and perceptions of ART's usefulness among discussion session participants and mental health staff, team members utilized grounded-theory techniques in a systematic three-step process. Grounded-theory analysis is an iterative process by which the analyst becomes increasingly "grounded" in the data and develops increasingly richer concepts and models, rather than looking for patterns that support or test a preexisting hypothesis. This approach allowed us to systematically identify key themes and patterns of responses, and it is a particularly sensitive technique for elucidating the experiences and perceptions of participants (Glaser and Strauss, 1967).

In the first step, we employed a standardized coding scheme to organize field notes from discussion sessions and interviews and to summarize the information from the observation protocols. We coded notes into the following categories:

- Content of ART briefing
 - Material (skills, mechanisms, guidelines) taught
 - Preventive steps versus intervention

- Opinions on four Cs
- Perception of relevance
- Tailoring presentation content to audience
 - Area deployed to (degree of danger and stress varies)
 - Base (area in United States) deploying from (what is pertinent to reintegration: size, city, units)
 - Number of deployments (first timers versus multiple deployments)
 - Position/rank of service personnel
 - Deploying with unit versus individually
 - Situational—single versus airmen with families
- Delivery of ART briefing
 - Perception of structure, graphics, colors of briefing
 - Briefer's characteristics
 - Style and skill as a briefer
 - Perceived appropriateness
 - Time
 - Duration of presentation
 - Placement of ART in deployment process
- Context in which ART is presented
 - Physical facilities of presentation
 - Presentations that come before/after in those pre- or postdeployment sessions
 - The broader mental health and resiliency training presence on site
 - Training/preparation for the briefer.

In the second step, we organized the coded responses into separate documents based on broader themes that appeared as clear patterns in airmen's responses. The broader themes were the following:

- Delivery of ART
 - Location and facilities available
 - Time allotted
 - Briefer's fidelity to slides and talking points
 - Briefer's delivery style
 - Level of engagement of airmen in audience
- Perceived usefulness and value of ART
 - Valued information provided
 - Gaps in information, skills, or topics covered
 - Format and delivery of information.

These documents highlighted concurrence in airmen's responses and any contradictions across statements and by site. To ascertain consistencies and differences across the sites, in each thematic document we divided comments from respondents into those that were consistent or similar with each other and those that were contrary, different, or inconsistent with each other.

In the third step, we synthesized the findings to draw out any recommendations that airmen provided to improve ART's content or delivery.

We describe these findings in Chapters Three and Four. Chapter Three describes findings related to how ART is delivered, and Chapter Four focuses on the perceived usefulness of ART. Within these chapters, we include quotes that illustrate the broad themes. These quotes were strategically selected as representative examples of the types of responses provided by airmen.

Findings from the Site Visits: Delivery of ART

At all four sites, predeployment and postdeployment ART was delivered as part of each installation's mandated deployment and reintegration processes, in which airmen are provided with a checklist and required to attend specified briefings or other activities. ART was delivered as part of contiguous briefings, information sessions, or other required activities, such as a computer-based TBI test and blood donations. Checklist requirements varied across the sites depending on the requirements stipulated by each installation's command, but typically information was provided to airmen by staff from the chaplaincy, finance, legal, and equal opportunity offices; the AFRC; the Military and Family Life Consultant Program (MFLC); and a Sexual Assault Response Coordinator (SARC).

In this chapter, we describe the guidance provided in the ART manual on how ART is supposed to be delivered, the variations in how ART was delivered across the sites at the time of our visits, the factors that contributed to that variation, and then conclude with a description of the level of engagement of airmen during ART sessions. These findings incorporate data from all three sources: the structured observations, interviews with mental health staff, and discussion sessions with airmen.

Instructions for Delivery of ART

Instructions in the ART manual note that ART should be delivered as one component of a larger set of briefings that provide information about legal, financial, health, and other support services, and resources available to airmen and their families that they receive each time they deploy and return from deployment. Although “talking points” accompany ART to help guide the briefer as he or she goes through the slides, the training manual notes that to allow for maximum flexibility, ART may be delivered in any way the base command, mental health personnel, or the briefer believe will best meet the particular group of airmen's needs. The ART manual states that briefers can be either experienced mental health providers who have deployed before or qualified Integrated Delivery System (IDS) members.¹ ART can be deliv-

¹ IDS is the “action arm” of the Communication Action Information Board (CAIB). CAIB serves as “a cross-function forum to address installation community issues . . . that impact the readiness of AF members and their families, promote the perception of the AF as a positive way of life, and enhance members' ability to function as productive members of the AF community. The emphasis is on positive actions and programs that strengthen force readiness through a sense of community and assist AF members and civilians, their families, and communities to thrive and successfully manage the demands of military life” (Secretary of the Air Force, 2006, p. 2). IDS develops a comprehensive, coordinated plan for integrating and implementing community outreach and prevention programs to improve the delivery of human service programs. These

ered in a variety of locations, briefers are allowed to be flexible in their approach, and the installation can determine the frequency and scheduling of classes based on local needs. For example, ART can be delivered as a freestanding class conducted by mental health personnel or in conjunction with briefings by Airman and Family Readiness Center (AFRC) representatives and by chaplains.

The ART manual also suggests that base commanders and mental health personnel determine which airmen require the training. Ideally, all airmen will attend the ART briefings before deploying. At a minimum, the manual notes that airmen who are expected to deploy where they will risk life or limb or witness traumatic events are expected to attend. This includes the following high-risk occupational specialties, as well as airmen who deploy to combat zones, airmen with multiple deployments, and airmen on longer-than-average deployments:

- Security Forces
- EOD
- Intelligence
- Medics
- Transportation
- Airmen in Joint Expeditionary Tasking (JET) positions.

ART is designed to be presented in 30 to 60 minutes. Briefers can tailor delivery time and content of each ART briefing to meet the audience's needs. For example, impromptu classes for short or no-notice deployments may be shorter than the suggested 30 to 60 minutes. Furthermore, classes for groups of airmen expected to be in higher-risk environments may last longer to encourage open discussion. For the high-risk groups listed above, the instructions recommend that the briefer take up to three hours to deliver the materials and facilitate discussion. Materials provided to the briefers include main slides, backup slides, and a manual that includes talking points for each slide. These are available in Appendix A.

Variations in the Delivery of ART

We found that briefers adhered to the ART slides and talking points to varying degrees: ART was not delivered in one standardized manner, topics that were emphasized differed, and strategies for conveying information to audience members varied. In turn, this affected the type and amount of information that was conveyed to the airmen in the audience. In this section, we describe these variations in delivery by site.

At Site one, one person delivered both predeployment and postdeployment ART. The briefer covered the predeployment ART slides as written and provided examples of concrete actions that could be taken to help prevent or reduce deployment stress. For example, *“If you know where you’re going and who you’re replacing, find out as much information as you can. It will help you handle stressors you’re going to deal with.”* Or, *“Stay aware. Get into your mind and body. Find a breathing technique; it will help you stay calm and prevent your heart rate from going up.”* This briefer emphasized the importance of the four core skills (check, control, connect,

programs can include financial management; violence awareness, intervention, and prevention; domestic violence prevention; and health promotion.

and confidence) but did not educate airmen on how to acquire them; this information is not provided on the ART briefing slides.

The briefer at this site focused heavily on family relationships and communication. The briefer also strictly followed the postdeployment ART slides and shared personal deployment experiences. For example, *“You will have one to three months of honeymoon phase but your problems will come back.”* The briefer also highlighted statistics that were intended to captivate the audience’s attention. In addition, the briefer encouraged airmen with deployment experience to support newcomers and reassured everyone that *“postdeployment stress symptoms are normal.”*

At Site two, we observed a delivery technique similar to the one used in Site one. At this site, two different people briefed predeployment ART. One predeployment briefer described the skills as they appeared on the slides, while the other expanded beyond what was written on the slides and utilized material from the backup slides. The only concrete directions that were offered to the airmen from these trainings pertained to the importance of proper sleep and nutrition in order to maintain a sense of *“control.”* Otherwise, references to experiences in theater mainly served to contextualize and emphasize the importance of the skills, rather than to explain the skills’ underlying concepts or how to obtain those skills. Examples of such statements included: *“You may see people being blown up; make sure you have self-control and a wingman you can turn to;”* *“Learn your lessons, but learn them fast.”* In some cases, the briefer explicitly assumed that participants already knew the content (stating at many points, *“You already know this information, so I’ll skip it”*), so that details could be skipped. We heard examples such as, *“Remember your tactical breathing”* or *“Breathe properly.”* However, the briefer did not elaborate on how to employ these techniques, nor was there further discussion.

When discussing resilience, the postdeployment briefer in Site two skipped through slides that explicitly addressed stress associated with returning home or that addressed potential symptoms and behavior issues that could manifest as a result of stress, instead offering advice such as, *“Do what you can and put off the rest for a later day . . . just talk to your spouse.”* The briefer warned military personnel about homecoming realities not necessarily meeting expectations. This briefer specifically warned about the possibility of not being greeted by family members and friends at the airport, even though the training occurred several days after the airmen had already returned home from deployment.

At Site three, the briefer followed the ART slides in both predeployment and postdeployment briefings and provided many examples to illustrate the four core skills from the briefer’s experience in the mental health office; the briefer also used information from the backup slides. For example, in order to retain a sense of purpose, the briefer advised, *“Go over there [in theater] with goals. Do you want to improve on something?”* The briefer also provided behavioral guidelines, including, *“Wait to sleep to let your body program and create a rhythm.”* Finally, the briefer emphasized that mental health resources will always be available while in theater. In order to tailor this training to postdeployment needs, the briefer addressed and normalized postdeployment stress symptoms. *“Don’t let expectations for homecoming stress you out. It’s normal. It is extremely common and extremely stressful.”*

At Site four, the briefer experienced significant challenges to briefing the ART slides and therefore conveying the information as written. Because of technical difficulties, the briefer could not project slides, and the briefer had limited time available with the airmen. Much of the content and skills were therefore omitted in both the predeployment and postdeployment presentations. The briefer did not mention the four “C” skills. Instead, the briefer defined resilience for the airmen and then provided some general guidelines, such as *“Pay attention to*

others, ask questions . . . be a good wingman” or *“Pay attention to how you react”* while reintegrating into civilian life.

Across the four sites, no discussion sessions were incorporated into the training as actually implemented, no skills were demonstrated or practiced, and no airmen asked questions about ART or its content at any of the sites.

Table 3.1 summarizes the variation in delivery of ART across the four sites.

Factors Affecting the Variation in Delivery of ART

ART is designed to allow briefers to adjust the content and timing of the briefings depending on the deployment or reintegration needs of the airmen in the audience. We observed that this variation occurred not due to the differing needs of the airmen in the audience, but rather because of differences in institutional setting (facilities in which the training was delivered and the time allotted for the training) and because of the briefer’s characteristics, including style of delivery, mental health training, deployment experience, and observed comfort level in front of an audience and guiding a discussion.

Institutional Setting

Locations and Facilities

In two sites, the predeployment ART briefing took place at the mental health clinic, with multiple sessions provided throughout a day. In the other sites, the ART briefings took place at the AFRC or the chapel. The room setup in which ART was delivered also varied. In one site, airmen seated themselves at a table centered in the room with the briefer standing beside the table and an overhead projector screen at the front of the room. In another, airmen sat in a large room at tables facing the briefer. In the two other sites, airmen were seated at chairs placed in rows, facing the briefer who stood at the front of the room. At all sites, airmen received supplemental mental health or other resource materials as they entered or exited the rooms.

At one site, the organizers did not have the ART slides available, although the slides for other briefers were available. The ART briefer brought a CD-ROM containing ART briefing slides in case of technical difficulties and was therefore able to use the slides. At another site, because of limitations in the technological capabilities of the locations where ART was delivered, the briefer did not use the slides at all.

Time Allotted

At most sites, briefers were alerted by organizers of the mandated deployment and reintegration processes that their time was limited to a few minutes. In two of the sites we visited, organizers would walk in during the briefings to alert the briefer that his or her time was running out. At Site one, the predeployment and postdeployment briefings each lasted 15 minutes. At Site two, the three predeployment briefings lasted for 22, 28, and 26 minutes, respectively. The postdeployment briefing at Site two lasted 26 minutes. At Site three, the two predeployment briefings lasted 17 and 15 minutes, respectively. The postdeployment briefing lasted 22 minutes. At Site four, both predeployment and postdeployment briefings lasted eight minutes each.

Table 3.1
Summary of Variation of Delivery of ART in Four Sites and Briefers' Characteristics

	Fidelity to ART's Design			Institutional Setting		Briefer Characteristics		
	Extent to Which the Briefer Closely Followed Information on Slides and in Talking Points ^a	Did the Briefer Allow for Discussion?	Were Anecdotes or Examples Used?	Duration (minutes)	Were Slides Shown?	Rank of Briefer (Enlisted/Officer)	Field of Service	Had Briefer Previously Deployed?
Site one								
Predeployment	Medium	N	Y	15	Y	E	Mental Health	Y
Postdeployment	Medium	N	Y	15	Y	E	Mental Health	Y
Site two								
Predeployment A	Low	N	Y	22	Y	O	Mental Health	Y
Predeployment B	Medium	N	Y	28	Y	E	Chaplaincy	Y
Predeployment C	High	N	Y	26	Y	E	Chaplaincy	N
Postdeployment	Medium	N	Y	26	Y	E	Mental Health	Y
Site three								
Predeployment A	High	N	Y	17	Y	E	Mental Health	N
Predeployment B	High	N	Y	15	Y	E	Mental Health	N
Postdeployment	High	N	Y	22	Y	E	Mental Health	N
Site four								
Predeployment	Low	N	Y	8	N	E	Mental Health	N
Postdeployment	Low	N	Y	8	N	E	Mental Health	N

^a High: Briefer followed the slides as written and used information from the backup slides, brought up topics covered in the talking points, and connected key points; Medium: Briefer followed the slides, but mainly stated what was written on the slides without reference to material from the backup slides or the talking points; Low: Briefer did not use the slides or skipped slides, skipped key concepts, and did not use material from talking points.

Briefers' Style of Delivery

A briefer's style of delivery can impact how engaged an audience is with the material, which can, in turn, affect how much content or information is absorbed or remembered. It is possible that resilience training could be effective with one briefer, yet ineffective with another. Recognizing the importance of engaging the audience, the developers of ART in the Air Force Office of Deployment Psychological Health included instructions for briefers to encourage discussion among members of an audience, to leave space for audience members to ask questions, and to include anecdotes or personal stories about deployment or reintegration stress and how to cope with it. We found variation in the style of delivery across the sites, which can be attributed to differences in the briefers' rank, mental health training, deployment experience, and comfort level with providing training in front of an audience and facilitating discussion.

At Site two, a career officer with over ten years' of experience, with more than two years in the mental health office, and who had previously deployed led two of the predeployment ART briefings, while an enlisted mental health technician with no previous deployment experience and less than two years in the mental health office administered the third.² The mental health technician attempted to engage the audience by sharing personal stories, asking several questions that related to their particular unit, and remaining open to answering any questions. Some attempts to engage included, "*What are some things you did to communicate better?*" and "*How do you build confidence?*" The postdeployment briefing was conducted by an enlisted mental health technician who had previously deployed and peppered the training with anecdotes from the briefer's deployment experience.

At the other sites, enlisted mental health technicians briefed both predeployment and postdeployment ART. All of these briefers were staff sergeants who within the past two years had recently transferred from other occupations into the mental health technician field. At Site one, the briefer had deployed to a noncombat zone. This briefer followed the slides and also included personal anecdotes from that deployment experience but did not ask questions. During the postdeployment ART briefing, the medical group drew blood from attendees, causing some noise and distraction. At Sites three and four, the briefers had not deployed previously. The briefer at Site three demonstrated a high level of competence in engaging the audience and explained that unit commands often requested that briefer to provide mental health briefings across the installation. As examples of this briefer's engagement with the audience, the briefer conducted a number of exercises and described how the stress operates in a curvilinear pattern: That stress can provide some benefits to ensure that a person is ready for an emergency, but that one's health can diminish with increased levels of long-term stress. The briefer asked questions tailored to the audience, shared personal stories, and engaged airmen in lighthearted humor.

The briefer at Site four attempted to engage the audience by asking questions such as, "*Do you know what resiliency is?*" and "*What's the difference between stress and distress?*" The briefer also used statistics to highlight the connection between suicide rates and availability of mental health resources.

² *Mental health technician* is an occupational specialty for enlisted personnel and thus does not require a bachelor's degree. The Air Force provides the technical training for its personnel in this specialty. In the sites we visited, mental health technicians had similar duties: they are the first line in patient care, seeing patients and then referring them to psychiatrists, licensed therapists, or social workers within the mental health office; they visit units to talk about care and resources available at the installation's mental health office and take care of day-to-day operations.

Airmen's Level of Engagement with the ART Briefings

Overall, our structured observations revealed a low level of engagement by the airmen: In almost all ART briefings that we observed, we observed the audience members' looking at cell phones, reading material, or otherwise not listening to the training. There were three possible reasons for the low level of engagement: the style of the briefer, briefing fatigue, and the timing of delivery.

Briefers' Style of Delivery

We observed that airmen's level of engagement varied significantly depending on the briefers' styles. When briefers demonstrated strong public speaking skills, servicemembers appeared more engaged in ART.

Discussion session participants confirmed these observations. For example, an airman at a site in which we observed as having a highly engaging briefer, reported, *"This is my fourth or fifth briefing by this briefer and [the briefer] is very entertaining. [The briefer] does it well. But when you bring it down to other folks that are assistants . . . if they aren't into it, it's bad. Some information will get lost. [The briefer] can pick out the key points. Only some people are able to do this. But with training assistants, it's a long jump."* Several airmen agreed that this briefer made the experience enjoyable because the briefer conducted interactive exercises.

Likewise, when a briefer lacked enthusiasm such that they spoke in a monotone, purposely skipped or rushed through key components, or did not demonstrate an effort to interact and engage with the audience, airmen resultantly did not appear fully attentive.

As a briefer's rank, deployment experience, or mental health training can significantly influence his or her perceived legitimacy among airmen, RAND staff asked for feedback regarding the "appropriateness" of the briefer's background; that is, if airmen would have preferred to receive ART from a servicemember of a specific rank or position. While some airmen noted that it was beneficial to have the briefer be someone from the mental health office, others addressed concerns with the lingering stigma associated with mental health services in the military. *"Mental health is still a very touchy issue when it comes to the military because there's still a perception out there. Let's face it; we're a very 'type A' portion of our society. Mental resilience is a part of that. Anyone who highlights themselves as 'Well I'm not as mentally resilient as my wingman,' even though your wingman could be suffering from the same types of nightmares or reservations, etc. . . . if you're the one who voices it, the perception of the person . . . it's like blood in the water. It can be a career killer."* Consequently, airmen may not be as receptive when listening to resilience trainings provided by a servicemember from the mental health office. One airman specifically voiced a preference for having the information come from one's direct superiors: *"I think these things should be handled at the lower level, based on mission requirements. I think that's ultimately the role of the back group unit commander. To supervise and prepare their people."*

The mental health team members who we interviewed agreed that the briefer plays a very important role in delivering ART. One commented that *"You have to be very skilled to give this briefing"* because the content in the slides *"can't be read verbatim."* In addition, staff espoused many opinions on the importance of a briefer's background. Several agreed that briefers should have deployment experience and preferably combat experience in order to better relate to and gain credibility with airmen. With respect to mental health training and affiliations with a mental health unit, staff believed that briefers could affect the attitudes airmen hold toward mental health. One respondent stated, *"The relationship between briefers and servicemembers is*

key. *Were they cool or crazy? Did they reinforce the mental health stereotype? Were they approachable? We are trying to destigmatize mental health. Briefers make a big difference!*" Another mental health staff member who provided briefings expressed appreciation for linking airmen to mental health resources. *"It [ART] enables us to have conversations and link airmen to mental health services."* However, other respondents believed that ART might be better received among airmen if the training were delivered by briefers within the airmen's own unit or delivered by a commanding officer. One staff member noted, *"Older people or unit group [leaders] could be helpful by saying, 'Here's what I experienced and here's how I dealt with it. You might experience the same thing.' The execution on how [ART] is delivered makes a huge difference in the world."*

Briefing Fatigue

In our discussion sessions, deploying and reintegrating airmen also reported difficulty differentiating ART from the other briefings they had just seen as part of the required processing, often using the phrase "death by PowerPoint" to describe the experience as an audience member. In one site, an airman admitted to grouping the consecutive briefings together as one: *"It just followed right after the Family Readiness briefing. And it sort of tied in with that. Even though they're [Mental Health and Airman and Family Readiness Center] separate departments, Airmen and Family Readiness kind of just rolls right into it for me, personally. So my brain is kind of just tracking them as the same briefing, just different presenters."*

Moreover, discussion session participants admitted to not absorbing ART's material or disregarding it altogether. For example, in one site, a reintegrating airman reported disengaging when told to call helping agencies for additional resources. He commented, *"I mean I know I kind of zoned into it and out of it because to me every briefing almost felt the same. 'Call me, call me, call me.' And it's like, who am I talking to again? After a while I almost forget."*

Mental health professionals verified that including ART among back-to-back briefings by other helping agencies made the material in ART seem repetitive. One staff member stated, *"The chaplain goes before ART so airmen are just going through redundant information. There's a physiologist briefing that also goes through sleep tactics, just like ART."* They also believed ART to be redundant amid all mental health services and training sessions (described in Chapter One) that airmen experience throughout the deployment and reintegration process. *"The problem is that [the Air Force] is giving too much weight on ART when really people are also prepared by readiness, officers, peers, etc."* While one site did hold monthly meetings with mental health, IDS organizations in the community, and support and health organizations on the installation to promote interagency communication and prevent overlapping efforts, the perception of overwhelming repetitiveness still persisted.

Moreover, mental health staff reported that this "death by PowerPoint" approach circumscribed their ability to effectively perform their job: *"It limits our creative approach to handle these issues as mental health professionals."* A colleague elaborated, *"We formally support chaplains. We take things from ART and Battlemind³ to prepare for redeployment and use the same themes;*

³ Battlemind was an Army program that provides training and web-based information to soldiers in order to mentally prepare them for combat and deployment. Battlemind is now part of the Army's Comprehensive Soldier Fitness (CSF) program. The information is largely focused on what soldiers can expect to experience once deployed and how to transition once returned from deployment. The CSF curriculum provides an integrated series of life-cycle and deployment-cycle training modules. Life-cycle training teaches servicemembers to identify peers who are at risk for psychological trauma. The deployment-cycle training is provided to servicemembers and their spouses in preparation for all deployment transitions. Course modules typically involve one to three hours of instruction and discussion (Weinick et al., 2011).

there are even more briefings in theatre and in process. Servicemembers are briefed to death. It's more than annoying; it limits our capability to do our job. We're competing with our culture."

Timing of Delivery

Some airmen indicated specific stages of deployment when they would have preferred to receive ART. One participant described the Deployment Transition Center program as a preferred setting for ART. Situated in Germany, the Center enables reintegrating airmen from high-risk groups to spend three days talking with others returning from deployment and participating in structured activities.⁴ The participant felt that this was an ideal time to address the redeployment integration stress topics presented in ART. *"It just helped you adapt before you came back to the real world."* Another airman specified that ART could be provided after reintegrating airmen have been home for a few weeks: *"I know there's stuff available, but it's typically six or nine or ten weeks down the road when you start to feel like you need support . . . not during that reconstitution time that they give you. I would like something during that [six to ten week] window."* Wingman Day, which serves to cultivate and sustain a culture of airmen caring for fellow airmen, was also proposed as an alternative setting to deliver ART.

One mental health professional similarly proposed that postdeployment ART could be delivered a few months after reintegrating into civilian life to enhance its effectiveness: *"The reality of the deployment phase is that there's a honeymoon period initially and then it wears off and all the finance, managing, etc. issues emerge one and a half months after. It would be good to have something at this eight to twelve week phase; six months is too long! They should give [servicemembers] resources and tie with PDHRA [Postdeployment Health Reassessment]."*

With regard to resilience training in general, one respondent from a mental health office believed that delivering therapies and resources to airmen while actually in theater yields the greatest success: *"When they're over there, they have a lot of questions, thoughts, etc. But here, we have the 'medical model' where you're chained to a desk. It would be a radical shift to get out more into the units, but it would be far more effective when in units. Right now, productivity is defined by the number of clients seen; in a way it demonstrates the need to remove the provider to somewhere else."* His colleague further explained potential systematic changes: *"Another recommendation is to adopt a sports psychology model with staff assigned to each unit; have a psychologist, a therapist, an MD, etc. and . . . have this instead of outpatient. Special Operations Command has this model [and they] don't keep records. It works! More interactions would have more impact than would six sessions at home. Here [at the mental health clinic] briefings are ineffective."*

Furthermore, the mental health personnel we interviewed commented on the increased workload that results from conducting ART for all deploying and reintegrating airmen. Across the sites, briefers were expected to provide ART with little notice, regardless of their treatment caseload or other commitments. In some cases, tasking personnel with organizing and delivering ART may be reducing resources available to treat airmen with mental health problems. With limited human resources within mental health facilities at each installation, interviewees commented that briefers were often *"stretched to their limit."*

⁴ The Deployment Transition Center provides support for those airmen who have had "a high probability of being exposed to traumatic situations such as convoy operations personnel, explosive ordnance disposal personnel and security forces personnel" (see Ramstein Air Base, November 2010).

Conclusions

This chapter summarized our findings regarding how ART is delivered to airmen using data from our structured observations, discussion sessions, and interviews. We found a wide range in how briefers delivered ART in terms of format, style, and time, both within the same installation and across installations. Across the sites, we found that the variation in implementation depended on institutional setting and the briefers' characteristics, including deployment experience, mental health training, and experience and perceived comfort with public speaking.

This variation in implementation demonstrated a clear difference between how ART was designed and how it was delivered in practice among the four sites.

- Briefers delivered the briefing more rapidly than is recommended by ART designers. Delivery time ranged from eight to 28 minutes. The ART manual recommends that the training take about 30 to 60 minutes, with up to three hours devoted to briefing airmen who are expected to engage in, or who are returning from, high combat-related deployments.
- Slides were usually, but not always, used.
- Even when slides were used, individual slides were often skipped.
- Briefers often read slides verbatim without significant elaboration or explanation of the material on the slides.
- Information from the backup slides and talking points were used only occasionally.
- Presentations were focused primarily on participants remembering the four "Cs", rather than teaching how to build or use those skills.
- Illustrative anecdotes varied in how well they complemented the material on the slides.
- Briefers varied in their ability to provide useful anecdotes or illustrations of key points.

We also explored training participants' level of engagement with ART and their perspectives on the context in which ART was delivered. We found that respondents were often not attentive during the training sessions and reported that they had difficulty distinguishing the ART material from that provided in other briefings they sat through during the deployment or reintegration process. They suggested that providing ART outside of the predeployment or reintegration checklist process could improve attention and therefore, potentially, retention of content. Mental health professionals with whom we spoke also suggested integrating mental health professionals within units or providing ART to airmen while in theater to improve its potential effectiveness.

Findings from the Site Visits: Perceived Usefulness of ART's Content

As discussed in Chapter Three, data from our structured observation, discussion sessions, and interviews revealed that briefers delivered ART in a variety of ways across the four sites. Differences in delivery, in turn, made a difference in the type of information airmen were exposed to. Briefers sometimes followed the slides and accompanying talking points; they offered different anecdotes or examples; and their skills in engaging the audience varied. This chapter explores the perceptions of airmen and mental health staff of the usefulness and relevance of ART's content to deployment and reintegration. We asked whether airmen and mental health staff perceived that ART is valuable and is providing useful or relevant skills. We found that overall, discussion session participants and interviewees responded that ART was not seen as very useful or informative. Below, we summarize the reported reasons for ART's low utility to deploying and reintegrating airmen.

Perceived Redundancy of ART Content with Other Programs

Airmen in our discussion sessions reported that the breadth and depth of the various efforts to build resilience within installations and across the Air Force has resulted in their feeling overwhelmed and inundated. And, rather than digesting the material, they felt that they were now "tuning it out" and largely ignoring the content because of perceived redundancies in the training programs they receive.

Across our sites, mental health officers described programs, services, and resources in addition to ART that aim to promote psychological health awareness with specific attention to building resilience. All four installations hosted several helping agencies to support airmen, including AFRC, which links airmen and families to various essential resources; MFLC, which provides one-on-one counseling sessions; Alcohol and Drug Abuse Prevention and Treatment, which promotes a sense of readiness and well-being through comprehensive substance abuse education and treatment; SARC, who are personnel that manage the Air Force sexual assault prevention and response program at each installation, oversee victim advocates, and serve as a single point of contact for integrating and coordinating sexual assault victim care for all Air Force personnel; Family Advocacy Program, which offers stress and anger management classes and other family relationship enhancement services; and the chaplain, who provides spiritual support and services. Each base also retains mandatory mental health training requirements on suicide prevention and PTSD.

Aside from these issue-specific intervention programs, the mental health unit at each base also sponsors events and programs that specifically cater to resilience building. Since 2004, all Air Force bases have held a “Wingman Day” to strengthen peer-to-peer support among airmen through resilience-focused group discussions and physical, mental, social, and spiritual exercises (Wingman Days have now become part of the Air Force’s Comprehensive Airman Fitness campaign). One site offered command consultations, unit-specific resilience briefings, and traumatic stress response interventions. Mental health staff at another site described similar services that target combat stress, spouse support groups, and anger management groups. In addition to mental health service outreach, one site also provides training programs such as “New Dads” parenting leadership briefings for new commanders to learn about their involvement with mental health; “Pre-Exposure Trainings” for high-risk career fields with increased exposure to threatening work environments; “Traumatic Stress Response” training programs to teach squadrons how and when to use tactics; and a “Four Pillars of Resiliency” briefing, which discusses the importance of resilience in all aspects of life.¹

As a result of the attempt to increase awareness of mental health issues among military servicemembers, helping agencies often overlap in their agendas. One airman illustrated this overlap, saying *“As far as the information they gave us, that information is beaten into us every day so much that it’s just repetitive. For me, it was just a waste of time.”* One of his fellow wingmen agreed, *“Suicide Prevention Training for example covers almost the exact same things. And that’s an annual requirement.”* Even personnel deploying for the first time said, *“You do see parts of these in CBTs [computer-based trainings for suicide prevention]. This is my first time coming here but some of it does sound familiar. It’s so repetitive.”*

Discussion session participants believed that the extensive training programs ironically devalued the role of mental health: *“Whether it’s command provided or computer-based training, [mental health training] is not perceived as important anymore. You click through the slides and print your certificate.”*

PowerPoint Format of ART

Opinion of Design and Graphics of ART

When probed about opinions on the quality or style of the slides, most discussion session participants responded fairly positively. One airman stated, *“They weren’t bad. As far as PowerPoint points go, that one didn’t have 8,000 tiny little things trying to fit onto one slide. . . . Your pictures weren’t bad either.”* Another participant voiced appreciation for the presentation format: *“Another positive aspect was the way the presentation was laid out. [The information] was not just listed.”*

However, mental health respondents noted that ART’s graphics contributed to vagueness and disconnectedness of the presentation. One explained, *“ART is very cryptic.”* Another staff

¹ While nearly all of the same helping agencies and services were present at all four bases, there were two resilience-building efforts that distinguished one of the sites from the other installations. Staff members at the First Term Airmen Center at this site launched the Master Resiliency Training, initially developed for the Army, which is a component of the Comprehensive Airman Fitness initiative described in Chapter One. When discussion session attendees and mental health office interviewees at this site were further asked about resilience efforts, they discussed the development of a holistic and comprehensive Peer Support Resiliency Training to teach airmen how to serve as a first line of defense and provide adequate wingman support to help prevent suicides.

member claimed that ART needed more contrasting colors in order to make the slides easier to view.

Mnemonic Device Used to Structure Briefing Seen As Not Memorable

The structure of the mnemonic used to present the content of ART (the four “Cs”) did not appear to help participants retain the information provided in ART. Discussion session participants generally could not remember the four labels. When they talked about the content of the training, discussion session participants across the sites referred to specific skills, behaviors, or anecdotes (e.g., maintain good sleep hygiene) without referencing which “C” it was under or linking it to anything else covered under the same construct. It may be the case that the association between terms like “check” or “control” with the specific skills covered under those topics is too weak to serve as an effective mnemonic.

Perceived Effectiveness of PowerPoint Format

While some discussion session participants preferred the human interaction component of the training to a computer-based exercise, several others raised doubt that a brief PowerPoint presentation could effectively provide education on the types of core skills that constituted ART. Several airmen agreed with a participant who stated, *“A predeployment briefing is not the venue for a training. The finance briefing is okay, but not the other stuff.”* Another participant articulated, *“I don’t know if there’s anything that can be effectively communicated in a discrete 5-minute transition. I don’t know in any great depth that they could delve into something where somebody would go out there and say ‘Now I’m not going to go home and beat my kids because you just gave me a coping mechanism.’ You know?”* Thus, some airmen explicitly questioned the ability of this psychoeducational approach (in its current form) to change thought patterns or behavior.

When asked, airmen provided concrete examples of other formats in which they would like to see this information on resilience conveyed. Participants consistently expressed interest in receiving information solely on all the available resources (e.g., MFLC, SARC, or chaplain) with phone numbers in the form of a magnet or handout. Another airman proposed something like a “job fair” with multiple helping agents: *“Let us choose individually . . . who benefits me and how I can use their services . . . versus something like this.”* This option is certainly not without precedent. Health fairs are widely used on a number of Air Force bases as part of Wingman Day. For example, Scott Air Force Base holds an annual Health Fair (most recently at the time of this study in May 2012) for all active duty, guard, reserve, civilian employees, retirees, and contractors (Eikren, 2012).

Overall, the mental health office respondents we interviewed also believed that ART’s PowerPoint presentation yielded a passive exchange of information and a less-than-stimulating viewing experience. Some staff acknowledged both ART’s importance as well as areas that needed development: *“No, ART isn’t useless . . . The content is okay, but the delivery system is what needs improvement.”* His colleague added, *“Every branch of service complains about this. There’s no real thought as to: ‘is this really helpful or measurable?’ The delivery cancels out the content. . . . The context in which it’s presented is of limited value. It’s difficult to get benefits [because] the application of the material is difficult.”* Other staff members shared similar sentiments about ART’s PowerPoint not being conducive to absorption of information: *“All trainings all have limited effectiveness; it doesn’t matter how good the briefing is . . . people are not thinking about this stuff, about what happens postdeployment, reintegration; the expectations are not there. To fully prepare people to go to war, you need much more time. There is value in ART, but I don’t know if briefing*

will save a marriage or prevent PTSD. People won't take skills from a presentation and use it; it's just not human nature."

While several staff felt that ART's customizable delivery was convenient for deployment scheduling and tailoring to individual bases, they felt that it was unrealistic to expect that attendees would retain useful information from the presentation. When asked how ART's delivery could be improved, a staff member of mental health at one site expressed the need to engage and connect with audience members through the use of interactive exercises, something he had found to be effective in past experiences. Without this interactive component, the staff member asserted, *"Nobody wants to answer questions. The slides look targeted for a smaller audience."* In offering suggestions for improving ART's delivery, mental health personnel revealed a discontent with the lack of likely impact on airmen: *"A video would be more helpful. Not with actors but with real airmen. It would make more of an impact with real stories and exercises. You could . . . make it more effective and more relatable."* A colleague added that *"a video with discussion questions afterwards"* could add effectiveness.

Lack of Tailoring to Differences Within Each Audience

Across all sites, airmen reported that the information conveyed in ART did not take into consideration the variety of experiences and needs that airmen have. This resulted in their perception that the material was not relevant to their individual needs. Discussion session participants noted that the content of ART was not tailored enough to the variety of deployment locations (combat versus noncombat) airmen experience, different occupational specialties, whether the airman is deploying by him or herself or as part of his or her unit, or previous deployment experience.

Deployment Locations

Discussion session participants noted that deployments yield varying degrees of threat and stress. Yet, ART was delivered to deploying and reintegrating airmen in the same room without recognition of these differences. One airman explained how his second deployment varied in potential stress from his first deployment; yet, he received the same information on resilience for both deployments. This airman was not alone; other servicemembers also stated they were deploying to service-oriented areas, such as Honduras, and felt resilience training was not at all necessary. *"If I had spent six months in Afghanistan for the first time, then yeah, I'm sure I would've found some things useful. But I was in Italy for 45 days."*

On the other hand, airmen who deployed to and from combat environments perceived ART to be much more relevant to their experience. One airman who had previously deployed to a combat zone expressed the opinion that ART could be useful by informing servicemembers about realistic expectations they can anticipate in areas of high threat. *"There's a hole in these briefings. . . . I think they need to break it down into a [small] room like this . . . and show pictures and say: 'This is what you're going to go through. This is what is going to be out there.' No sugarcoating it. Because telling people 'This is how you deal with stress . . . '—there's no way to deal with getting shot at. There's no way to deal with getting blown up."* One airman returning from a combat zone shared challenges he had while reintegrating into civilian life: *"I have a three year old. . . . I had to be gentle with him . . . as opposed to being out there, we were always looking at everyone around you, always on constant guard, especially when you're on one of those missions."*

I lost my mind the first time I came back. I was in the [grocery] store and I almost had an anxiety attack. Everyone was just moving around and I was like “stop moving!” I just couldn’t keep my eye on everybody at one time.” He stated that having a period of time to decompress would have been helpful in the adjustment and adaption process.

Occupational Specialty

Even within the same deployment location, the level of stress and types of experiences airmen face may vary depending on their career field and responsibilities. This, in turn, could influence the relevancy of material conveyed in ART. One airman stated, *“The last time I was out there, I was in charge of a lot of people and so I think all those reminders on having self-control [in the ART briefing] are all important.”* Many airmen expressed frustrations with disparate career fields being mandated to attend group training sessions that were not applicable to everyone’s military mission. For example, one redeploying airman noted, *“[ART is] a good program, but I don’t think it’s for everybody. It’s more for along the lines of people who fight a lot more than being in a ship or in an office for six or seven months.”*

Deploying as an Individual

Mental health staff revealed complications in delivering the ART briefings related to deployment patterns within the Air Force: *“Because one squadron was deploying with the Army after Kuwait, some airmen didn’t get [the] same [postdeployment] briefings. When airmen deploy in ones and twos, people get lost [and there are] wingman issues and the sense of togetherness is lost.”* One airman explained the nature of deploying on an individual basis in the Air Force. *“You need to know what kind of stress [these airmen] have seen. Unlike the Army where they deploy as a unit, they know what they’ve seen, what kind of accidents they’ve had or level of stress or situations they’ve encountered. In the Air Force we deploy single. You really need to address that stress. You’re not going to get it here in an open forum like this.”* As a result, airmen deploying and returning on an individual basis could face obstacles when trying to utilize coping mechanisms such as connecting with a wingman. Such circumstances are different for airmen who belong to the same flight squadron and deploy as a unit.

Previous Deployment Experience

Another common comment across airmen at all four sites was the need to tailor ART’s content and attendance requirements according to previous deployment experience. The majority of airmen in our discussion sessions had already observed the training content in the past and had sometimes observed the training content multiple times in the past year. An airman from a senior rank who had viewed ART multiple times stated, *“If I don’t know this information by now, I’m sure not paying attention The briefing is for [someone] who is still new to the Air Force and probably needs some things to sink in for him. But by the time you’re a tech or a Master or a Major or a Lieutenant Colonel . . . if I haven’t paid attention for the first 15 years of my life, I’m probably not going to pay attention for the next five.”*

While most airmen expressed irritation at being required to attend the training again, they also acknowledged that ART could be beneficial for those deploying for the first time. *“I think in the beginning of someone’s career it’s highly effective.”* When RAND staff asked first-time deployers whether they found ART to be useful however, they answered that they would not know until they were in theater. *“I mean, there’s really not much I can say until I get there and go through the experience of deploying and come back from deployment. I’m just taking it in because*

it's my first time coming here. I won't know if it's helpful until I'm there." Several airmen proposed that ART should be required for newcomers into the Air Force and offered as an optional training for those who had already seen it.

Mental health staff agreed that building resilience came with having maturity and the experience of having undergone a stressful event. They also recognized the broader challenges and idiosyncrasies of having the Air Force provide standardized resilience training while enabling individual bases to make customized changes. One respondent stated, *"It has to be flexible enough to be able to customize it. Someone needs to say: 'Here are the key principles and patterns across the military,' but then be able to adapt it to each unit and base's needs."*

Content Could Be Improved

Study participants noted that ART's content was useful in some ways. For example, across the four sites, discussion session participants reported that the information conveyed in ART served as a good reminder to be aware of signs of stress in themselves and in their fellow wingmen and was helpful to have as a refresher. Of the concepts participants found useful, one airman stated that communication (a main component of the "connect" skill) was instrumental because *"that's where you're going to go to resolve issues . . . and cope with stress"* while another added, *"the best thing about [ART] is that they listed all the resources you can turn to and said it's okay to talk to people."* A few airmen in the discussion sessions described "checking" themselves to maintain a sense of calm during times of heightened stress. As another example, several mental health staff confirmed that amid the hurried deployment and reintegration schedules, airmen were mainly interested in receiving a list of available resources. Another staff member credited ART for informing the audience about these services: *"It encourages help-seeking behaviors."* Some participants reported that including *"wingman support"* is valuable since this concept is central to Air Force culture. *"It's the essence of how we operate, regardless of whether you're at home or in operation. Just taking care of each other."* With regard to postdeployment ART, a number of airmen agreed that it was helpful to be reminded that *"certain symptoms were normal"* and that other servicemembers experience the same feelings upon reintegration.

ART Content Reported to Be Vague and Ambiguous

Most discussion session participants found the four "Cs" skills ambiguous. *"These are core skills that are extremely vague, so they aren't really core skills. Like 'control' . . . if that means self-control, I'm pretty sure there's another skill involved with self-control and checking that may be connected to having self-awareness. These four by themselves are not useful."* The four core skills were commonly described as lacking in detail, context, and meaning. One respondent described the four skills as "high level" and too abstract to be properly understood and absorbed.

Gaps in Skills Covered

Another issue noted by discussion session participants was the lack of specific tactics to promote resilience. One airman articulated that he would have preferred to hear more information on *"the key principles on resilience bounce-back tactics"* for fellow peers. *"When you say resiliency, we have a good idea of what that means. But most people impose on others what they would need for themselves, when really you need to do what that person needs."*

Airmen also reported wanting clear guidelines or actions they could follow to help stay calm and hopeful when combating stress. For example, establishing proper sleep patterns and nutrition habits (including limiting caffeine intake) were reported as very pertinent and useful. Staying physically and mentally active while in theater was a prevalent piece of advice recommended by both briefers and fellow airmen alike. *“Find something that you know that is easy to turn off from your work. Find something you like to do that’s different from work and in your comfort zone that you can go to if you need to every night.”* For example, one briefer, in particular, provided actionable, yet thoughtful advice that went beyond “staying busy” when he encouraged airmen to set goals for themselves while in theater, which one discussion session participant noted positively: *“I liked the goals. Set goals and not just letting yourself linger around. [Having] a sense of trying to achieve something was helpful.”* Previously deployed airmen mentioned specific goals in different domains, including exercise, learning new skills, volunteering for extra duty or responsibilities. This type of relatively concrete advice resonated well with the discussion session participants.

Mental health staff were very vocal in their opinions regarding the skills provided in ART. Staff across all four installations noted that more concrete skills needed to be incorporated into the training. One stated, *“The [four Cs] should be more skill specific, more behavioral, as well as abstract. [They] should be a combination of both. But it definitely needs skills! Like how to interpret physiological actions.”* Another mental health professional at a different site shared the same sentiments and affirmed that more behavioral guidelines regarding sleep and nutrition were essential. *“You need real techniques and exercises. ART has good topics but [there] needs to be more concrete information. The best slides are [the] backup slides.”* Finally, one mental health professional stated that the few behavioral strategies mentioned could be improved by utilizing military language that is more familiar among airmen deploying to combat zones: *“Tactical breathing. I would change the terminology for this. There’s no concrete training for that [in mental health]. Another term used in military is ‘diaphragmatic training.’”*

Gaps in Topics Covered

Airmen with previous deployment experience identified topics they would have preferred to see covered in greater depth, especially for those deploying for the first time. The most prevalent theme that arose was a need for more emphasis on maintaining healthy family relationships during both deployment and reintegration phases. When asked how the Air Force could help address these concerns, some servicemembers expressed that more briefings should invite family members to attend, as they do not fully understand what airmen experience during deployment. Others stated that presentations like ART should clarify and communicate that the Air Force accommodate for the needs of airmen during stressful times. *“They’ll take care of you for the most part. I’ve seen people really ask, ‘Hey I really need to make a phone call.’ And they’ll waive the time limit.”*

Mental health staff agreed that airmen could benefit from having clear expectations regarding stress experienced both in theater and during reintegration into civilian life. Pertaining to being in theater and combat-related stress, one respondent stated, *“From a learning perspective, if you don’t know what to expect, the magnitude of the shock and distress you experience at the sight of something traumatic will be much worse! . . . It’s not a waste of time to prepare for deployment, but the mentality that providing training will lead to a lack of problems is detrimental! You need to share more information about expectations; it would be very helpful. Having the experiential component is very essential.”*

Another staff member asserted that it was important to normalize symptoms of redeployment integration stress by stating things like, *“It’s okay if you act in a certain way when you return. . . . [They] need to know what’s normal to know about issues.”* Moreover, some staff believed that *“people have wrong expectations. It’s going to be almost as hard as deployment. There’ll be issues regarding family, alcohol, etc.”*

Airmen’s belief that ART needed more emphasis on maintaining healthy relationships was also shared among respondents from the mental health interviews. One mental health staff member stated, *“People want to know about relationship cycles. Fighting is normal pre- and post-deployment. People need this for readiness The Navy does a good job of discussing relationships and providing strategies to deal with arguing.”*

Anecdotes and Relevant Examples Made Material More Memorable

Many airmen reported that they paid more attention and had greater interest in ART when briefers shared personal stories. Not only did personal stories from deployment experiences help boost the briefer’s legitimacy as an experienced servicemember the airmen could relate to, but they may also help illustrate and contextualize ART’s key concepts. At one site where deployment stories were limited, one airman stated he would have preferred to hear *“explicit realities”* of deployment. He believed this would help him adjust his expectations and realistically prepare to deal with stress as opposed to hearing about coping mechanisms without knowing possible events that could occur. Overall, anecdotes served as way to engage audience members.

In addition to anecdotes, providing tangible facts and statistics, briefers effectively emphasized essential information. Airmen specified that hearing facts such as *“working out releases endorphins in the brain in the same way that antidepressants do”* and that *“only 35 percent of those who committed suicide sought help from a mental health professional”* were particularly informative.

Furthermore, airmen appreciated when briefers shared examples of tactics that could be used to connect with family members as well as effective ways to reunite and achieve a smoother transition while reintegrating back home. Still, they believed that the examples shared should address multiple family dynamics (ways to deal with young children, adolescents, or spouses) instead of simply referencing one specific type of relationship.

Although airmen clearly liked the anecdotes and briefer-interjected content, particularly the war stories, this added information may not always improve the effectiveness of ART. Our structured observations suggest that some of the added material may undermine the training. One briefer told a story about how selfish and lazy a particular coworker was during deployment. The intended message was that people should try to be better coworkers, but the story came right after a briefing slide about needing to have confidence in your unit’s skills and capabilities. The anecdote undermined that briefing content rather than reinforced it. Similarly, there is no way to control the accuracy of the interjected content. While airmen may like to hear that *“working out releases endorphins in the brain in the same way that antidepressants do,”* some information added by the briefers may be factually misleading or may unintentionally discourage treatment-seeking behavior.

Briefing Instructions and Training Reported to Be Less Than Satisfactory

While some mental health professionals who conducted the ART briefings expressed moderate satisfaction with the guidelines that were provided, others noted that the materials did not

feel fully adequate and were not always provided on a timely basis. One briefer stated, *“I had to ask for directions. . . . There was no training received. I would’ve liked a DVD with ART training to model the briefing. The memos from Lieutenant Colonel said ART was required. We used [the notes] as a framework but [had] no PowerPoint. There was not much time for preparation.”* However, a briefer at another site stated, *“There was also the talking paper from ART in addition to the slides, which was helpful when practicing. . . . I would describe the instructions as very cut and dry. As long as you had a mental health background, they were fairly easy to follow.”* Still another briefer received the written directions but felt unclear on how exactly to implement the training.

Nevertheless, most mental health staff we interviewed expressed a desire for standardized instructions that would simultaneously allow briefers to tailor trainings in a way that would cater to multiple audiences, depending on areas of deployment, previous experience, and career fields, within reasonable time constraints.

Conclusions

In this chapter, we described the extent to which airmen and mental health officers at our study sites perceived ART to be useful or valuable. We found that most of our discussion sessions and interview participants did not find ART useful, although many did find the concept of resilience important. Airmen reported that they could not remember the content of ART because they were not very engaged in the material. Several reasons for this were offered by participants:

- They perceived the information in ART to be redundant with other resilience efforts under way within the Air Force, such as Wingman Days or suicide prevention training, and therefore “tuned out.”
- The format of a PowerPoint briefing presentation made it difficult for them to engage in the material because it promoted passive learning.
- They did not perceive the material as fitting their deployment needs because they had either deployed many times or were not deploying on a combat-related mission.

The comments from mental health professionals were generally consistent with the airmen’s opinions. The mental health staff noted deficiencies in the instructions provided, making it difficult for briefers to know exactly how to convey the information in ART. They also suggested that resilience training might be better suited to other venues or populations, such as delivering information in theater, to only a high-risk subset of deploying or reintegrating airmen, or having unit commands provide the information. Such changes could relieve mental health personnel of the burden of providing ART repeatedly to all airmen regardless of deployment experience or mission.

Key Findings and Suggestions for Improvement

In this report, we addressed two research questions. First, how is ART implemented across the four case study sites? And second, how do airmen and mental health staff perceive ART's usefulness in promoting resilience among deploying airmen and reintegration of returning airmen? This chapter summarizes the key findings from the study and then offers suggestions for the potential improvement of resilience training in the Air Force. We are cautious not to generalize our interpretation of the data beyond the four sites that participated in the study. Figure 5.1 summarizes the findings and suggestions for improvement.

Summary of Findings

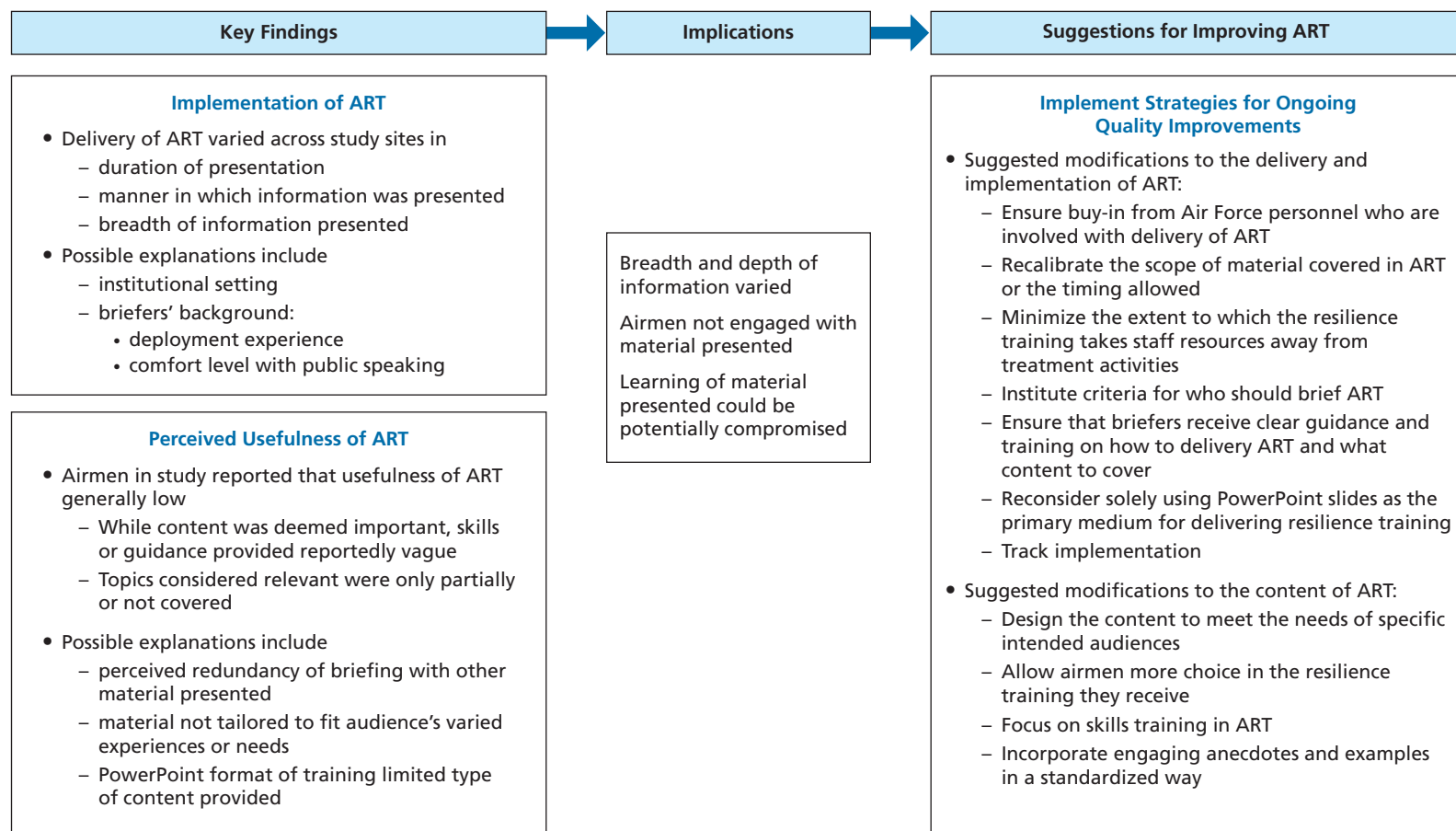
ART Is Implemented in a Variety of Ways

We found that while ART was provided to airmen across the four sites in the same setting (within the deployment and postdeployment checklist process), its delivery varied substantially as did the level of engagement by the airmen attending the training. Some briefers followed the slides closely, and some exemplified ART points or content with relevant statistics or anecdotes. The timing varied widely from just a few minutes to nearly half an hour. In spite of this variation, there were some similarities. No ART sessions included role-playing activities or significant participant discussion as recommended in ART instructions, no airmen asked a question in any of the sessions RAND staff attended, and most airmen appeared inattentive to the trainings. By design, staff from the mental health office who brief ART are allowed discretion in how to deliver the material in the slides and talking points, based on the needs of the airmen in the audience. However, across the selected sites, ART was delivered differently, but not based on the airmen's deployment experiences, as recommended in ART instructions. Rather, the differences were due to the institutional setting or the individual briefer's personal experiences, skills in public speaking, and knowledge of topics related to mental health and resilience. The result of this range of approaches to ART's delivery is a wide variation in the type of information provided to airmen and in the airmen's level of engagement with the briefing.

Perceived Usefulness of ART Was Generally Low

We found that discussion session participants reported that they did not recall much content from ART, and most reported that they did not consider the information provided in ART to be useful for promoting resilience or reintegration. They suggested several reasons for this, including briefing fatigue (because the ART briefing was placed in a long list of required briefings, many of which occurred on the same date); perceived redundancy and overlap with other

Figure 5.1
Summary of Key Findings, Implications, and Suggestions for Improvement



RAND RR655-5.1

programs or initiatives that intend to promote resilience; ART being presented as a Power-Point presentation (viewed as an overly passive form of transmitting information); and a lack of tailoring of the information to the audience's needs (e.g., providing the same information to airmen deploying to Germany and to Afghanistan). By design, ART briefers could adjust the training to fit the audience's needs; yet, this is impossible to do when the audience has a wide mix of airmen. In practice, ART is a one-size-fits-all approach. When the audience members do not understand the relevance of the training to their unique needs, they are not likely to be attentive to the material.

Airmen in our discussion sessions and mental health staff we interviewed also reported that the content of the training program could be improved in a number of ways. They reported that the information provided within the slides was often vague, and the specific coping skills and topic areas they view as important were not covered. The anecdotes provided by the briefer were considered more memorable than the content within ART, but these anecdotes were not always closely tied to the aims of promoting resilience. In sum, most discussion session participants reported that ART did not teach them much that was new, useful, or relevant.

Suggestions for Improvement

Our study's findings suggest that in the four sites studied, ART may not be meeting its intended goals of promoting the resilience of deploying airmen and supporting the reintegration of returning airmen. In this section, we offer suggested ways the Air Force might improve ART to better meet the needs of deploying and reintegrating airmen, recognizing the variety of deployment and combat-related experiences across the Air Force. We base our suggestions for improvement on the findings from our site visits, on the evidence base for program effectiveness, and on the limited scientific literature on resilience. Given the case study design of this study, findings are not necessarily generalizable to the broader Air Force community. Furthermore, as discussed in Chapter One, there are no empirically demonstrated resilience-building tactics or programs that would allow us to give strong scientific guidance regarding program modifications. These suggestions, therefore, should be seen as part of a process of internal quality improvement, rather than specific recommendations for how the Air Force should conduct resilience training.

Conduct an Assessment to Identify the Best Goals for ART

The current ART program represents a considerable investment, including substantial time commitment by airmen, the additional stress of another predeployment/postdeployment checklist item, and the diversion of mental health staff from potential treatment activities. However, the airmen and mental health professionals with whom we spoke did not find ART very useful, particularly when viewed in the context of several other resilience efforts already under way. Few airmen felt they acquired useful skills or learned new content from ART. To the extent that ART's content overlaps with an airman's prior training or other briefings, the large investment in ART may not justify its potential benefits. In light of potential redundancies, we suggest that the Air Force conduct two types of assessments to best determine the goals, content, and structure of ART to ensure that it is provided in an effective and efficient manner.

1. **What are the resilience training needs of airmen?** The first step in identifying goals of resilience training in the Air Force is to assess the specific resilience training needs of airmen. If, for example, depression during deployment is a substantially more common problem among airmen than PTSD, broad prevention efforts aimed at preventing depression symptoms may be more helpful than ART's current focus on PTSD symptoms. The goals of resilience training should be focused on those specific psychological health challenges that deployed airmen are experiencing. Our informants did not feel that the current content of ART closely aligned with the needs of many airmen. Likewise, the skills trained during ART should be concrete and useful in deployed environments and during reintegration. Thus, an assessment should include data collection on the specific skills that airmen have found most useful (or found themselves lacking) during actual deployment and reintegration experiences.
2. **Which resilience training needs are already being met through other training programs and which need to be a part of ART?** The next step toward improving the effectiveness and efficiency of resilience training in the Air Force would be to assess the extent of overlap in the content of resilience-related training provided by individual installations, Major Commands, and across the Air Force. This may include looking at the extent to which ART is repetitive for airmen who have already deployed several times over the past few years, redundant with other psychological health initiatives, and the extent to which resilience efforts complement each other. The goal of such an assessment would be to design ART's content to be less redundant with other efforts and to repeat training material only when repetition is needed to improve learning.

Implement Strategies for Ongoing Quality-Improvement of ART

If the goals of ART remain the same as they are now, we offer some suggestions for improving upon its current content and delivery as part of ongoing quality-improvement efforts for the Air Force Office of Deployment Psychological Health. Before deciding to modify ART, it is important for the Air Force to consider the feasibility of implementing any changes.

Modifications to the Content of ART

Given the lack of empirical evidence on how resilience training should be conducted or what types of information it should include (as discussed in Chapter One), we focus on suggested ways the Air Force could best meet the perceived needs of airmen, according to the interview and discussion session participants in the four sites.

- **Design the content to meet the needs of specific intended audiences**, (e.g., first-time deployments, deployments to combat areas) and tailor the content and language to the challenges facing each audience. While ART is designed to be modified by the briefer to adapt to the audience, the actual setting does not allow such tailoring, as the audience is usually a very diverse mix of servicemembers. The briefer also has no prior knowledge of who will be attending the ART briefings, further circumscribing his or her ability to plan ahead. Participants believed that the psychological needs of airmen who deployed for hazardous duties with a significant risk of trauma were substantially different than those who deployed on missions with minimal risk of traumatic stress. Similarly, airmen deploying

for the first time needed specific information (e.g., options for calling home) that was seen as redundant for more experienced airmen.

- **Allow airmen more choice in the resilience training they receive.** Consider allowing airmen to select which one of several targeted resilience courses will best prepare them for their expected challenges during deployment; e.g., courses on specific deployment-related skills like “sleep and nutrition,” “reducing stress and relaxation (anxiety),” “maintaining energy and focus (antidepressant),” or “effective parenting from abroad.” Airmen could complete their required resilience training by selecting any of the available courses, and those with multiple deployments could select different content for each deployment to be less repetitive. To ensure that airmen are receiving necessary skills, they could make the selection in consultation with the installation’s mental health office, or the Air Force could mandate a minimum number of courses or types of courses be taken in a year.
- **Focus on skills training in ART.** Focus on teaching a few specific, concrete skills or coping behaviors that airmen are likely to use, rather than providing a broader educational course on the determinants of resilience or general tips on leading a healthy lifestyle, which are already provided at Health and Wellness Centers across all installations. This may require skill demonstration, practice, and detailed examples of when the behavior may be useful.
- **Incorporate engaging anecdotes and examples in a standardized way.** Given the variation in the type and utility of anecdotes or illustrations provided by the briefers we observed in this study, consider using a videotaped presentation by an expert presenter with strategically selected anecdotes. It is difficult to place all responsibility solely on the briefers to consistently supply engaging material when circumstances in amount of preparation time, presentation setting, and background experience are wide-ranging.

Modifications to the Delivery and Implementation of ART

Delivery of ART (as currently structured) could be improved upon to ensure that airmen are more attentive to the training and therefore more likely to retain the content. We draw these suggested improvements from the perceptions, experiences, and impressions from airmen in our site visits as well as from the research field on program implementation. Studies on implementation of health and education programs have demonstrated that the quality of implementation can be enhanced by proper training, technical assistance, and ongoing supervision, so that all airmen involved in ART’s implementation (briefers, mental health officers, and organizers of deployment and reintegration processes) understand how and why the program is supposed to work (Dane and Schneider, 1998; Spillane, Reiser, and Reimer, 2002). We offer specific tactics to improve the quality of ART’s implementation below.

- **Ensure buy-in from Air Force personnel who are involved with implementation and delivery.** We found that organizers of the deployment and reintegration process at the sites we visited expected ART to conform to their scheduling constraints; they limited ART briefers to “a few minutes,” which is the typical time limit of all the briefings and information sessions. The disconnect between ART developers’ expected duration of 30–60 minutes and deployment and reintegration process organizers’ expectations led to some tense situations. If ART is to remain a part of the deployment and reintegration process, installation commanders need to better communicate to briefing organizers that

ART is unique in that it is an educational training tool (and does not merely provide contact information for those seeking resources), and, therefore, more time needs to be allowed. Working with organizers to craft deployment and reintegration schedules would enhance organizers' understanding of the need to allot more time to ART and would lead to better, less tense interactions between organizers and ART briefers. Without buy-in from those who are part of the implementation process, a program will not succeed in meeting its goals (Marsh et al., 2011).

- **Recalibrate the scope of material covered or the timing allowed.** A clear hindrance in briefers' ability to provide ART as designed was the lack of time and facilities. In practice, at the four sites we visited, briefers are delivering a presentation designed to be between 30 and 60 minutes, and in some cases up to three hours, in about ten minutes. It may be helpful if either (1) the briefers are required to spend more time delivering ART (and this requirement should be clearly communicated to the organizers of the deployment and reintegration processes, as explained above) or (2) ART is scaled back so that the content can be usefully covered in much less time. If potential redundancies with other Air Force resilience training programs are identified in the assessment suggested above, then it may be possible to scale back the content of ART without airmen losing skills training.
- **Minimize the extent to which the resilience training takes staff resources away from treatment activities.** Our findings suggest that using mental health staff to deliver ART may be taking personnel away from treating patients. If the Air Force decides to keep ART as a stand-alone briefing, the use of standardized videotaped anecdotes, some computer-based training, or using briefers who are not treatment providers (such as non-commissioned officers trained as Master Resilience Trainers, once that program becomes implemented Air Force-wide, or trained unit commanders) might reduce the burden on mental health staff.
- **Institute criteria for who should brief ART.** To limit the variation in delivery style, perceived legitimacy, or ability to brief, one option is to specify criteria to ensure that briefers have appropriate presentation skills, status, or deployment backgrounds. As is, ART instructions recommend that briefers have mental health backgrounds or be IDS personnel, with no recommendations for deployment experience or the type of training the briefer should have to make them engaging presenters. For example, it may be helpful to avoid having airmen with no deployment experience briefing combat-experienced airmen on handling deployment stress. It may be more important that the briefer have a diverse deployment history than that the briefer be a mental health treatment provider.
- **Ensure that briefers receive clear guidance and training on how to deliver ART and what content to cover.** ART includes both briefing slides and an instruction manual for briefers. ART developers created the briefing slides with little content on them so that briefers could adapt the content to best meet perceived needs of airmen attending the training sessions. We found that briefers were given very little instruction on how to brief the slides; on some occasions, the briefers did not receive the training manual; on other occasions, the instructions were not clear to them. To ensure that briefers are adequately and appropriately trained to deliver ART, the instruction manual could provide more guidance on what materials should be discussed in the briefing. More importantly, more than written instructions need to accompany the briefing slides. When ART was first launched, the Office of Deployment Psychological Health held teleconferences and webinars to describe the program. One option is to provide these types of information sessions

on a regular basis for new briefers. Another option is to hold in-person training sessions at a centralized location for all briefers. A third option is to utilize personnel already trained in resilience training, such as Master Resilience Trainers, once that program fully stands up.

- **Reconsider solely using PowerPoint slides as the primary medium for delivering resilience information.** Although the training manual notes that PowerPoint slides are intended to be used as guides for briefers, in practice in the four sites we visited, briefers solely used the slides and followed them verbatim. To better engage airmen in the audience, one suggestion is to not have ART delivered solely in a PowerPoint format because this format promotes passive learning. If more time is allotted to the briefers, one option would be to incorporate more hands-on learning experiences for airmen which would encourage more active listening. Such experiences may include role-playing, games, or tactics that may involve interacting with fellow airmen in the room. If training of briefers is improved or criteria are established for ensuring that briefers are engaging presenters, as previously suggested, then briefers would be more familiar with a variety of ways to present the material in ART rather than follow the slides alone.
- **Track implementation.** For any program to be successful in meeting its intended goals, it is important to know whether it is being delivered or implemented as designed. If ART briefers diverge from delivery approaches articulated in the instruction manual, then there is little chance that the program will meet any of its intended goals. To determine whether installations are implementing ART as it is designed, the Office of Deployment Psychological Health could administer surveys to briefers that measure what is known as “fidelity of implementation” (Mihalic, 2002; O’Donnell, 2008; Century, Rudnick, and Freeman, 2010). These surveys should have questions that allow briefers to gauge the extent they are able to deliver the briefing as designed and to express facilitators or barriers to their being able to deliver the briefing. With this information, ART developers can make changes to the program, if needed, and can gauge any potential areas of weakness.

Conclusion

ART is psychoeducational instruction that aims to improve airmen’s ability to cope with stress and build resilience. According to its developers in the Air Force Office of Psychological Deployment Health, the program has been used at most Air Force installations since it was initiated in November 2010. Although we found that ART is implemented in a variety of ways at the four sites included in our study, the discussion session and interview participants we spoke with generally felt that the content of ART and the format in which it is delivered was not very useful for deploying or reintegrating airmen. Based on these concerns, there are several modifications that the Air Force might consider to improve resilience training currently delivered through the ART program. It may be possible to create an Air Force resilience program that is more engaging, skills-focused, targeted to those at risk, and memorable, while placing less of a workload on mental health care providers.

Airmen Resilience Training PowerPoint Slides and Manual

Predeployment ART



UNITED STATES AIR FORCE AIRMAN RESILIENCY TRAINING

Personal Growth through deployment

Deployments can strengthen your:

- Courage
- Leadership
- Appreciation
- Maturity
- Professional Skills
- Airmanship



UNITED STATES AIR FORCE AIRMAN RESILIENCY TRAINING

ART: Core Skills

- **CHECK** yourself and your surroundings
- **CONTROL** your reactions
- ▲ **CONNECT** to others
- ★ Build **CONFIDENCE** in your abilities, your leadership, and your training




UNITED STATES AIR FORCE AIRMAN RESILIENCY TRAINING

■ CHECK

Purpose

Situational Awareness



UNITED STATES AIR FORCE AIRMAN RESILIENCY TRAINING

● CONTROL

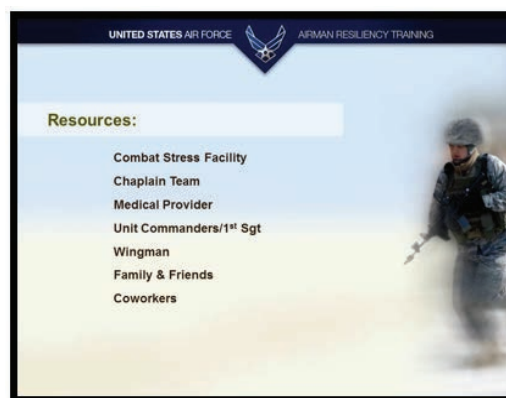
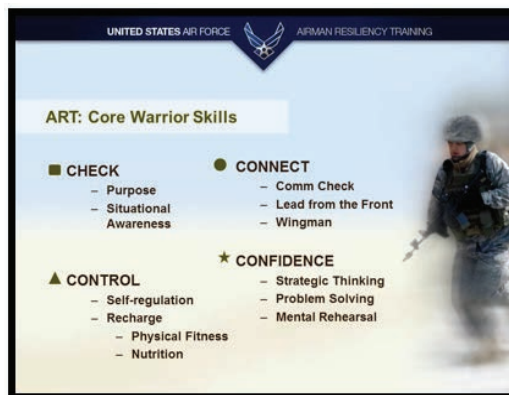
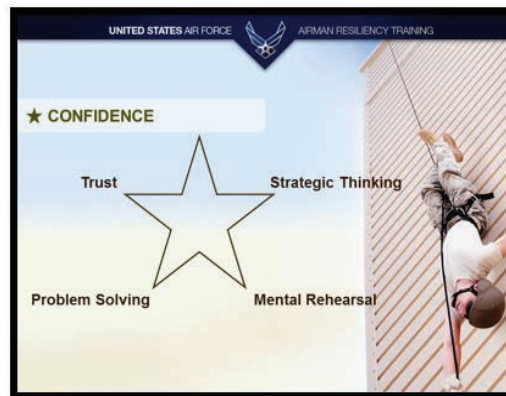
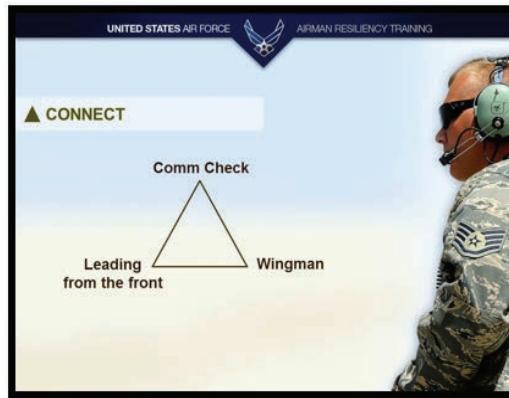
Self-control

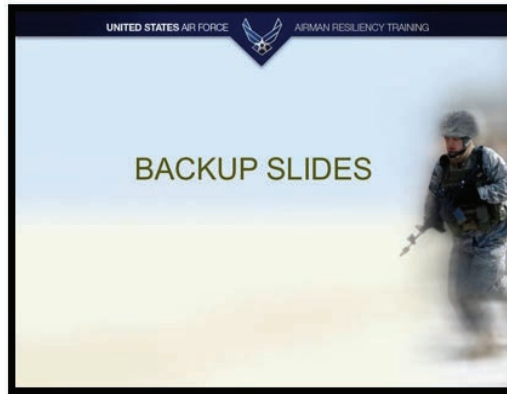
Recharge

Fitness

Nutrition







UNITED STATES AIR FORCE AIRMAN RESILIENCY TRAINING

■ CHECK: Know Your Purpose (Y)

Why am I deploying?
What is the purpose of my deployment?
What do I bring to the fight?
What is my mission?
WHAT IS MY Y?

UNITED STATES AIR FORCE AIRMAN RESILIENCY TRAINING

■ CHECK: Situational Awareness

Be aware of yourself and others
Focus on the mission
Realistically assess each situation and your reactions

UNITED STATES AIR FORCE AIRMAN RESILIENCY TRAINING

■ CHECK: Situational Awareness

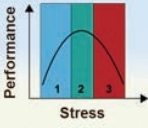
Injury: Any physical injury
Evaluation: Refer to medical if symptomatic

- H: Headaches
- E: Ears ringing
- A: Amnesia and/or altered state of consciousness
- D: Double vision and/or dizziness
- S: Something feels wrong or is not right

Distance: Was within 50 meters

UNITED STATES AIR FORCE AIRMAN RESILIENCY TRAINING


CHECK: Zone



1 Unproductive – not enough stress

2 Optimal Production
(width varies based upon stress tolerance)


3 Unproductive – Too much stress



UNITED STATES AIR FORCE AIRMAN RESILIENCY TRAINING

CONTROL: Self-Control Tactical Breathing

Controlling your breathing enables you to decrease the physical responses of stress and adrenaline that erode performance




UNITED STATES AIR FORCE AIRMAN RESILIENCY TRAINING

CONTROL: Recharge Your Sleep

Performance can be maximized by good sleep
Improves mood, concentration, SA

- Develop routines (wake/go to sleep at same time)
- Bed is for sleeping (not watching DVDs, reading)
- Avoid caffeine, nicotine, sleep meds if possible
- Regular exercise (except right before bed)

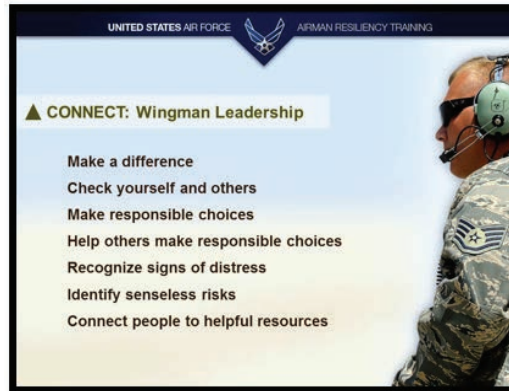
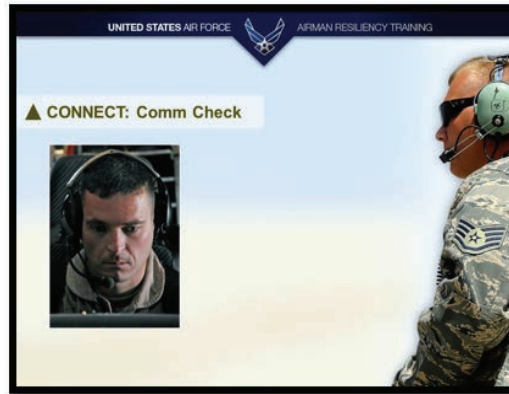


UNITED STATES AIR FORCE AIRMAN RESILIENCY TRAINING

CONTROL: Nutrition & Fitness



At least 3 meals per day (5-6 small meals best)
At least 3 of the 5 food groups at each meal
Have 2 ½ cup vegetables/2 cups fruit daily
Supplements are not a replacement for food
Journal/Monitor progress
Find a workout buddy
Make it/yourself a priority





UNITED STATES AIR FORCE AIRMAN RESILIENCY TRAINING

★ CONFIDENCE: Trust



UNITED STATES AIR FORCE AIRMAN RESILIENCY TRAINING


★ CONFIDENCE: Strategic Thinking



UNITED STATES AIR FORCE AIRMAN RESILIENCY TRAINING

★ CONFIDENCE: Problem Solving

- Specifically define the problem
- Set a realistic goal
- Generate multiple solutions
- Compare them, select one, implement
- Evaluate the outcome and identify lessons learned





UNITED STATES AIR FORCE AIRMAN RESILIENCY TRAINING

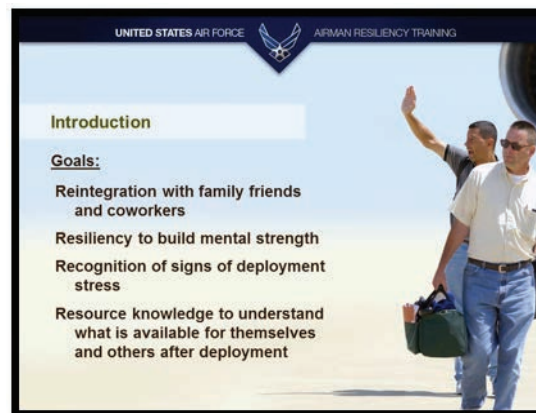
★ CONFIDENCE: Mental Rehearsal

Practice a task or procedure in your mind by visualizing yourself doing well before attempting it.

Imagine a successful outcome.

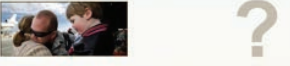



Postdeployment ART



UNITED STATES AIR FORCE AIRMAN RESILIENCY TRAINING


How well do expectations and reality correlate when you redeploy?

UNITED STATES AIR FORCE AIRMAN RESILIENCY TRAINING



Expectations

<p>FAMILY</p> <ul style="list-style-type: none"> - Homecoming "let down" - Children - Role changes - Intimacy <p>FRIENDS</p> <ul style="list-style-type: none"> - Change - Spending time together - Made new friends 	<p>WORK CENTER</p> <ul style="list-style-type: none"> - Others pulling heavy load - Work has piled up - Job responsibilities changed - Questioning the meaningfulness of tasks - New people - Did they miss me or my work
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UNITED STATES AIR FORCE AIRMAN RESILIENCY TRAINING


What types of skills are necessary or work well for us in a deployed setting?

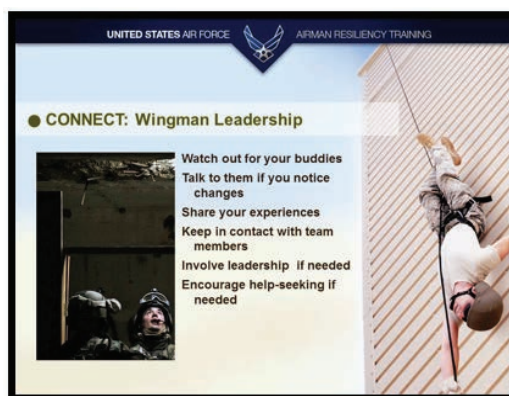
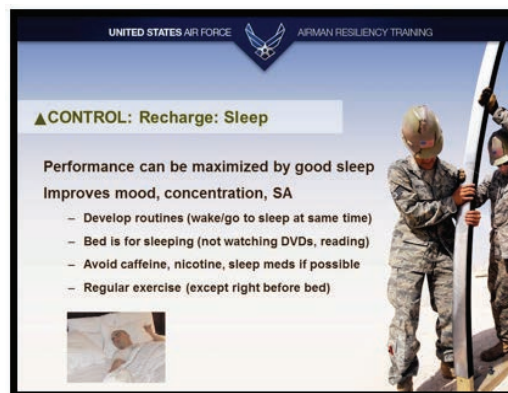
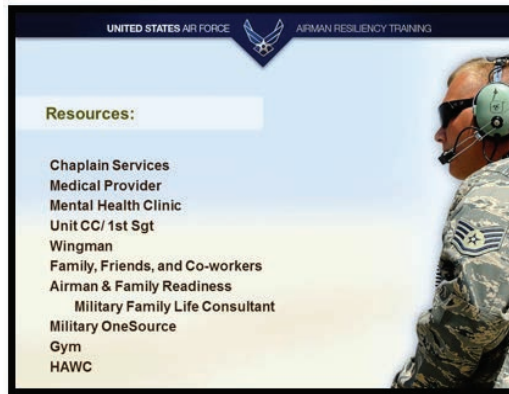



UNITED STATES AIR FORCE AIRMAN RESILIENCY TRAINING

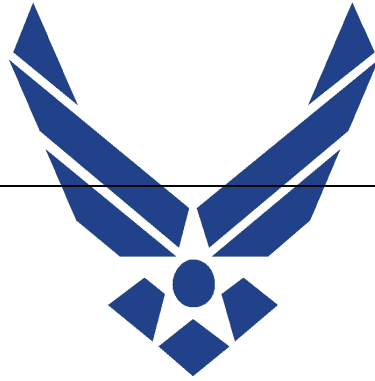
Post-ART: Core Skills

■ CHECK	● CONNECT
▲ CONTROL	★ CONFIDENCE





ART Manual



U.S. AIR FORCE

Course Overview:

Purpose: Airman Resilience Training is designed to increase resilience skills in deploying Airmen while helping them recognize stress symptoms and communicating how to access helping services if needed.

Introduction: Deployment is a period of increased stress with high operational tempo, separation from family, and possible exposure to life threatening conditions. Airman Resilience Training is designed in accordance with the Air Force targeted and tiered approach to resilience training. By integrating positive resilience concepts with education on posttraumatic stress and reintegration, Airmen will be better prepared for the stresses of the AOR and reintegration after deployment. Airman Resilience Training provides a standardized approach to the mental health requirements for pre-exposure preparation training for deploying Airmen and reintegration education for redeploying Airmen.

Most Airmen exposed to trauma will recover without assistance or complications. However, 60% of Airmen with serious persisting traumatic stress symptoms won't recover without help. Prompt medical intervention (i.e., mental health counseling) greatly improves outcomes. Resilience skills are learned over a lifetime (e.g., parenting, mentoring, professional training, psychotherapy, etc.). However, the evidence suggests that even brief training is effective at identifying those at risk and getting them in for help.

High exposure groups: High exposure groups face increased risk for trauma exposure in theater, and include the following groups:

- Security Forces EOD
- OSI
- Intelligence
- Medics
- Transportation
- Airmen in JET positions
- Airmen with multiple deployments
- Airmen on longer deployments

Pre-Deployment Classes: Airman Resilience Training fulfills existing requirements for pre-exposure training (IAW AFI 44-153, para 3), which is intended to prepare Airmen to cope with traumatic events. Base commanders and mental health personnel will determine locally which personnel require training, but, ideally, all Airmen will attend course before deploying. At minimum, deployers from high risk groups should attend. Pre-deployment Airman Resilience Training classes emphasize the twelve targets to enhance operational performance. The 12 targets are grouped

under the four Core skills: Check, Control, Connect, and Confidence. The Pre-deployment Airman Resilience Training can be accomplished at any time prior to deployment.

Post-Deployment Classes: Reintegration education required for all Airmen to facilitate reentry into work and family life (IAW AFI 10-403, Chapter 8, para 8.10.2.3.1), and has required mental health, chaplain, and Airman & Family Readiness Center components. The three components can be accomplished independently or can be integrated into one session. Airman Resilience Training fulfills requirements for mental health component of reintegration education. Post-deployment Airman Resilience Training reviews the four Core skills: Check, Control, Connect, and Confidence. It also reviews typical reactions to deployment, reintegration and reunion, and how and when to get help. The Post-deployment Airman Resilience Training class must be accomplished within seven days of returning from deployment.

Scheduling: The installation will determine the frequency and scheduling of classes based on local needs. Installations with high rates of deployments will need more classes and those with fewer deployments correspondingly less classes. While Airman Resilience Training effectively addresses needs of both deploying and redeploying Airmen, the concerns of these two groups are different and their classes should be conducted separately. Scheduling options include a fixed recurring schedule (e.g., once or twice a week, etc.), as needed (e.g., when a large group is projected to deploy or return), or impromptu/just-in-time (e.g., for individuals or groups with short notice deployments or unanticipated returns). It is best to schedule special sessions when larger groups of Airmen from high exposure groups return from theater (e.g., 20 security forces personnel return at once).

Length: The typical length of an Airman Resilience Training class will be 30-60 minutes for both pre and post deployment classes. However, the class length can be expanded or contracted as needed to address audience needs. ART is not a standard brief but is built around group discussion, and, ideally, the class will continue until the group discussion has run its course and all questions are answered. For extremely short notice deployments, the lesson plan may need to be summarized in a few minutes. For high risk groups, the briefer should encourage discussion with each slide and the workshop will take longer (up to 2-3 hours, if needed).

Reserve and Guard Personnel: AFR and ANG currently receive pre and post deployment services from host base or base of departure. Oftentimes, these are accomplished upon arrival at installation just prior to deployment and immediately after returning from deployment. AFR and ANG personnel will receive Airman Resilience Training from host base personnel in the same fashion. Airman Resilience Training can also be taught in Reserve and Guard units by qualified support personnel.

Instructors: The primary briefers will be mental health personnel, but other IDS members can be utilized. Deployment experience is recommended. The ideal presenter has skills in teaching cognitive behavioral strategies and running psychoeducational groups.

Room Needs & Set-up: The classroom will need to be large enough to accommodate the class size, and can be set up in a traditional classroom style with the students facing forward. Some instructors may prefer to set up the room with the students sitting in a circle facing each other.

Equipment Needs: A projector capable of projecting the slides is ideal. However, there may be certain settings where this is not possible and the instructor can decide to teach from hard copy instead.

Slide Notes: This briefing is designed to be discussion-based. Content on the slides is minimal, with the facilitator using individuals in the audience who have deployed in the past to help illustrate talking points. On Course Content guide bold sentences in quotes are queries to the audience made by the facilitator with the goal of generating discussion that will cover content. Non-bold text is designed to help facilitator guide discussion.

For less experienced briefers, slides with more content are included as backup in order to help with content delivery. They can be inserted in the main briefing as needed to ensure content coverage.

Course Content:

Pre-deployment ART notes

ART: (slide 1)

“What is resilience?”

Guide discussion towards the idea that resilience has a component of mental/physical strength and the ability to recover (stand up) when ‘knocked down’.

“What are some traits that individuals who exhibit resiliency possess?”

“Can you think of any examples of resilient individuals you have known?”

Discuss components of resilience in examples provided.

The focus of Airman Resiliency Training is to enhance the resilience and peak performance of Airman through strengthening mind, body and spirit across diverse missions.

Pre-Deployment Preparation: (slide 2)

“I’d like to hear from you about the different things you have already done to prepare for your deployment.” (Write on a white board if available)

Have the members list pre-deployment preparation, including:

- Training
- Checklists
- Will
- Family preparation
- Gas mask fit tests, immunizations
- Weapons qualification
- Medical processing

“How much time have your preparations taken?”

“How important do you think Mental Preparation is in having a successful deployment?”

Provide anecdotes about the importance of mental preparation which might seem relevant from the news or media.

There is one study of US Olympic Training Center (Murphy, Jowdy, and Durtschi, 1990) which showed that more than 90% of Olympic athletes surveyed regularly used some sort of mental preparation and training while getting ready for competition.

“For those who have previously deployed, was what you experienced similar to what you expected before you deployed?”

“How do expectations affect our adjustment to challenging situations?”

Emphasize how accurate expectation can enhance adapting to challenging circumstances.

Personal growth through deployment: (slide 3)

Everyone is familiar with the saying ‘whatever doesn’t kill me makes me stronger’. Query group as to whether they agree or disagree with that statement and why. Develop idea that even in severe adversity there are lessons to be learned.

“If you’ve deployed before, did the experience change you?”

“How?”

“To maximize your performance during deployment and learn from the experience there are certain deployment skills you will want to encourage in yourself and others. We’re going to talk about those.”

Core skills: (slide 4)

Here are the core warrior skills that we will be discussing and practicing today.

CHECK yourself and your surroundings

CONTROL your reactions

CONNECT to others

Build CONFIDENCE in your abilities, your leadership, and your training

CHECK: Know your purpose (slide 5)

Knowing your purpose gives you a foundation to perform a task. Think about why you joined the AF or what gives you purpose in life. These factors can serve to strengthen resilience.

“What drives you? What gives you a sense of purpose?”

Query why particular answers give a sense of purpose

“What about your purpose specific to deployment. Why are you deploying, what is your mission, and what is your purpose in that mission?”

“The more you have a sense of purpose to your life and your mission, the more capable you are of exhibiting resiliency in challenging circumstances”

Overall, you will come up against some physical, mental, and emotional challenges while you are deployed and you may even find several reasons to give up but knowing your purpose can provide strength to make it through those times and provide you courage when you need it.

CHECK: Situational Awareness (slide 5)

“What is Situational Awareness? Why is it important?”

“Can you think of people you’ve worked with or deployed with who didn’t have Situational Awareness? Why do you think some people have poor SA?”

How can situational awareness be protective in the deployed environment?

- Be aware of yourself, your reactions and what is going on around you
- Remind yourself of your role in the task or mission
- Realistically assess each situation and leverage your thoughts

Use your awareness of the situation and your training to improve your performance under challenging situations

Leveraging your thoughts means using your thoughts in a helpful way to decrease anxiety and maximize your potential. Remember that SA means more than just knowing what is going on. It also means knowing how you are reacting to a

situation and how your thoughts and behaviors are influencing the situation and the people around you.

CHECK: Situational Awareness (slide 5)

Another aspect of situational awareness includes awareness of injury. Head injuries have been a focus of treatment in OIF/OEF.

Briefer will review criteria for possible mild traumatic brain injury. If member is within 50 meters or a blast, or sustains a concussive injury due to a vehicle accident, falling, or other situations, they should assess their symptoms and seek medical attention if they or their wingman meet any of the listed criteria.

Injury: *Any physical injury*

Evaluation: *Refer to medical if symptomatic*

H: Headaches

E: Ears ringing

A: Amnesia and/or altered state of consciousness

D: Double vision and/or dizziness

S: Something feels wrong or is not right

Distance: *Was within 50 meters*

CHECK: Situational Awareness (slide 5)

“Is stress a good thing or a bad thing?”

Guide discussion towards idea that there is ‘good’ and ‘bad’ stress. Prompt to discuss what examples of each are.

“How does good stress affect performance? How about bad stress?” An example includes increased stress before a test (good-motivates to study; bad-causes excessive anxiety that may affect performance).

“What are the stressors on deployment?”

Inverted- U Hypothesis: low stress levels bring about subpar performance. As stress rises, so does performance to an optimal point. As stress increases performance drops.

Athletes call the optimal point ‘being in the zone’. Self awareness is recognizing how we are reacting to our situation and whether that reaction is enhancing or harming our performance.

CONTROL: (slide 6)

“How does the perception of control in a situation affect an individual’s adjustment to challenging circumstances?”

Guide discussion in how perceived lack of control significantly increases stress level. An example can include how individuals who perceive that they have no control to an unbearable circumstance are more likely to attempt suicide.

Guide discussion in looking at factors like control of the situation versus control of your individual reactions to a situation you cannot control. Can use the example of knowing the difference between situations we can control and when we are 'pushing on a brick wall'.

CONTROL: Self-Control Tactical Breathing (slide 6)

"How many of you have heard of the 'fight-or-flight' response? What is it? What happens physically when we enter into a 'fight or flight' situation"

Review symptoms of increased heart rate, increased respiration, increased attention, time slows down, etc.

"Why does our body react this way?"

Increased blood flow & respiration for muscle activity; perceptual focus & time slowing related to hyperattention to threatening stimulus. Works for emergency responses.

"Would this response ever be problematic?" "Can you think of examples?"

- Hyperventilation increases anxiety. Controlling breathing is an easy way to decrease tension and regain control. Briefer may want to use example of a hyperventilating, crying child. First advice is to 'take deep breaths'.
- Stress and adrenaline can cause physical responses that erode performance but Tactical Breathing can bring you focus and attention
- Controlling your breathing enables you to decrease the physical responses of stress and adrenaline that erode performance
- Take slow, deep breaths
- Inhale and exhale slowly, releasing muscle tension as you exhale and focusing on the task at hand
- Can demonstrate if you have time

CONTROL: Recharge your sleep (slide 6)

"How many have had sleep problems at some point in their life? What did that look like?"

"What affects sleep in the deployed setting?"

Noise, other people, things that go "boom."

Lack of sleep affects performance/concentration

3 Main recommendations for deployment sleep.

1. Deal with changes in time zones by trying to stay awake until the appropriate bed time arrives. Don't nap too much trying to catch up which may further confuse your body. Try to force yourself into the new routine if possible.

2. *Try to set a sleep schedule and stick with it.* Setting a schedule for when to wake up is most important

3. Try not to watch DVDs, read, write letters or emails home or do anything else not associated with sleep in your bunk. You can 'train' your body/mind that when you're in bed, you're asleep.

4. Don't engage in vigorous exercise, smoke, or drink caffeine prior to going to bed

CONTROL: Nutrition & Fitness (slide 6)

Deployment is a great time to get in top shape.

“How many of you used a deployment to improve fitness? What did you do?”

“Did you feel differently?”

Exercise not only improves physical strength and stamina, it also enhances the ability of the body and mind to function at peak performance levels and endure stress.

CONNECT: Comm Check (slide 7)

“How does bad communication affect the mission?”

Examples can include unclear direction, too much communication, understanding the intent of directions.

“Have you ever had to work for someone where you didn’t know what they wanted? What happened?”

“What are some of the principles of good communication?”

When someone is using a radio how do they interact? They typically repeat back what is being heard. Why do they do this?

- Reduce errors through good communication.
- Make sure you are receiving the information that the sender intended and that your message has been received.
- Ask the person what they heard you say but do not respond until the receiver finishes responding.
- In the same way, summarize what was said to you back to the speaker so they know you understood.

Give examples of how this can be helpful with a boss, subordinates and even with family.

CONNECT: Leading from the Front (slide 7)

“Is it easy or difficult to exhibit good leadership? What are the characteristics of a good leader?”

“What does ‘leading from the front’ mean?”

- Demonstrate good leadership skills by using the Airman Resiliency Training skills yourself.
- Lead by helping group make sense of their experiences.
- Communicate a high level of respect and commitment to unit members.
- Anticipate and prepare for high-stress events.
- Build a sense of Commitment, Control and Challenge (C3) in yourself and others

CONNECT: Wingman Leadership (slide 7)

“What’s the main component in being a good wingman?”

- Knowing & caring about the people around you. Then you notice when there are changes that indicate that everything may not be alright.
- Make a difference
- Check yourself and others
- Make responsible choices
- Help others make responsible choices
- Recognize signs of distress
- Identify senseless risks
- Connect people to helpful resources

----- **Stay CONNECTED (slide 7)**

“On previous deployments, did you see individuals who became disconnected from either their family, friends, or their unit? What happened?”

Deployment can be a time individuals become distant from family/coworkers.

Guide discussion in examining repercussions of distance in those relations.

- Your relationships back home can be a source of support and strength.
- Your family and friends need to know how you are doing.
- Families must be able to function effectively in your absence.
- Prepare your family and friends for your absence.
- Call, write or email your family/ friends at least once a week if you can; acknowledge special events that you may have missed.
- Let your Leaders know when family issues are not being resolved.

Some people may not have great family situations. Need to discuss spiritual, hobbies, education; things that keep you going.

----- **CONFIDENCE: Trust (slide 8)**

“What are some of the traits confident people exhibit?”

Answers may include people being self-assured, well prepared, in control.

“When confident people fail, how do they react?”

Emphasize learning from mistakes - not dwelling on them.

“Are confident people ever frightened or uncertain? How do they adapt to that?”

Everyone experiences fear.

- Admitting and joking about fear can release tension.
- The military inherently operates in dangerous and ambiguous situations. Training emphasizes using skills to deal with fear/ambiguity
- Trained responses can inhibit a fear response

----- **CONFIDENCE: Strategic Thinking (slide 8)**

“How many of you have a tendency to worry too much? How many worry too little?”

Guide discussion as to how our thought processes can interfere with our ability to complete a mission

What’s the problem with pessimistic thinking operationally? What’s the problem with optimistic thinking operationally? The goal is realistic thinking and being aware of how our thoughts work for and against us.

We all have patterns of thoughts and behaviors we engage in we may not even be aware of. The more awareness you have of your personal patterns, the better you can assess their impact on the mission.

CONFIDENCE: Problem Solving (slide 8)

Effective problem solving increases the probability of coming up with a good solution. Follow these steps:

1. Specifically define the problem
 2. Set a realistic goal
 3. Generate multiple solutions (this is part many people skip so don't)
 4. Compare them, select one, implement
 5. Evaluate the outcome and identify lessons learned
-

CONFIDENCE: Mental Rehearsal (slide 8)

Athletes use this technique to improve performance by visualizing each step of a process and managing them well.

Mental Rehearsal: You exercise your brain through what you choose to think about. Images are powerful so use them to build your mental fitness by practicing performance building techniques. Practice a task or procedure in your mind by visualizing yourself doing well before attempting it. It is best to imagine a successful outcome. Athletes use this technique to improve performance by visualizing each step of a process and managing them well.

Resources: (slide 10)

Review local resources that are available and be sure to include contact numbers

Post-deployment ART notes

ART: (slide 1)

The goal of this training is to know what to expect when returning home or reintegrating back with friends, family, and co-workers. You have been gone for a while and experienced things that others in your life have not. This training focuses on expectations, typical reactions, identifying your strengths and how to be a good Wingman.

“So, where are some of you returning from?”

“How was your deployment? Was it what you expected? Did anything about it surprise you?”

Introduction: (slide 2)

It is important to understand how to reintegrate with family, friends, and co-workers. They have changed and so have you. Additionally, you learned some resiliency skills prior to deployment; those skills will continue to assist you with the reintegration process. This presentation should help you recognize signs of stress in yourself and others and point you to the appropriate resources if you find it necessary.

We are all different in the way we approach reintegration.

Many of you were very successful during your deployment. You knew your job and your mission and took care of business.

One way to make a successful reintegration back with your family, friends, and co-workers is to use some of the same skills you developed and used during your deployment.

What we will be talking about in the next few minutes is how you can identify your strengths and use them successfully during your reintegration process.

- Every Airman transitions home in their own way with family, friends, and coworkers
- One way to make a successful transition is to adapt your deployment skills so that you are just as effective now as you were during deployment
- Build on your strengths
- Identify deployment skills or habits that require moderation
- Try to understand what you and others expect
- Make a plan for your reintegration

Expectations: (slide 3)

“For those who have deployed before, was there an adjustment returning to your family? What about work? Friends?”

“Has anybody had a time they returned that was more difficult than they anticipated?”

“Why is it important to know what to expect when you are reintegrating back with family, friends, and coworkers?”

This training will focus on expectations, skills, and resources you can access to maximize the best life outcome.

Let’s look at some answers that others have given in these areas

Expectations: (slide 4)

“Which ones of these did we miss?”

Discuss missed items

FAMILY:

- Homecoming ‘let down’ – once initial excitement is over an adjustment period sets in
- Children – may not be used to seeing you, taking directions, fearful you may leave again
- Role changes – spouse may be comfortably in role as overall caretaker
- Intimacy – expectations can be variant – easing into your old relationship versus making up for lost time

FRIENDS:

- Personality changes since prior to deployment
- Different expectations of time spent together
- May have made new friends

WORK CENTER:

- Non-deployed may be overtaken
- Work has accumulated for the member
- Job may have changed
- May find work in garrison to be trivial or ‘stupid’
- New people in work section
- Does anyone notice I’m back/was gone

Skills: (slide 5)

“What kinds of skills keep you alive in the deployed setting? What kinds of habits do you get into?”

Vigilance, keeping your weapon with you at all times, using a command voice/yelling at people, making lots of demands, driving in the middle of the road, using expressive language skills?

You’ll make modifications, for example: when you get home make sure you modify your use of language. It might not work well to say something like “Where’s the g** d*** paper?” to your spouse. It might not be a good idea to “tap” the car in front of you while driving down the road.

Core Skills: (slide 6)

We will be talking more about these core skills for Airman resiliency and reintegration. Facilitator should mention a few of these and what skills will be discussed.

- **Check** means knowing yourself and what you need, what to expect from yourself and others.
- **Control** means reminding yourself of ways you can control your own responses to situations or even learning to decide which situations you should put your effort into.
- **Connect** means taking the time to reconnect with people and how to use your leadership skills with family, friends, and coworkers.
- **Confidence** means reminding yourself of how you have succeeded during deployment and building trust with others.

CHECK: (slide 6)

“Sometimes individuals have a ‘reordering’ of priorities as a result of a deployment. If we compared your priorities before and after deployment, has there been any change in what you think is important?”

Guide discussion around topics like physical fitness, family relationships, friends

“Has anyone’s impression of the Air Force and their relation to the organization changed? How?”

A sense of purpose guides us through transition. Everyone can benefit by examining their overall purpose/goals and how they are moving towards them. Returning from deployment can be an excellent time to make changes that you may have been thinking about implementing.

CONTROL: (slide 6)

“Were there situations on deployment you didn’t have control over that ended up being a source of frustration?”

“Were there situations where you did have control and were able to make a change that made a difference in a process or mission?”

Discuss how perceptions of control affect how well we adjust to a situation. Also may discuss how control over ourselves makes difficult situations more bearable. Control includes how we think, react, and behave.

CONTROL: Recharge your sleep (slide 6)

“How many of you had sleep problems on deployment?”

“What type of sleep problems do you anticipate now that you have returned?”

You may have gotten used to the noises and sleeping through things while deployed, taking naps whenever you were able.

“How common do you think it is for individuals who have been through combat experiences to have nightmares?”

Discuss nightmares in context of frequency, intensity, disruption to daily life. Initially are normative but if they don’t decrease over time the individual should seek help.

Performance can be maximized by good sleep

Improves mood, concentration, SA

- Develop routines (wake/go to sleep at same time)
- Bed is for sleeping (not watching DVDs, reading)
- Avoid caffeine, nicotine, sleep meds if possible
- Regular exercise (except right before bed)

CONTROL: Nutrition & Fitness (slide 6)

“Did anyone take this opportunity to improve their fitness?”

“What did you do?”

“Did you see results?”

“Were you surprised?”

“Now that you are returning home, do you think you’ll continue those ‘habits’ that helped you get fit?”

- Discuss barriers to maintaining gains.

- At least 3 meals per day (5-6 small meals best)
- At least 3 of the 5 food groups at each meal
- Have 2 ½ cup vegetables/2 cups fruit daily
- Supplements are not a replacement for food
- Journal/Monitor progress
- Find a workout buddy
- Make it/yourself a priority

CONNECT: Wingman Leadership (slide 6)

“Did you have anyone on deployment who was disconnected?”

“Why do people become disconnected, and what happens?”

“What’s the main component in being a good wingman?”

- Knowing & caring about the people around you. Then you notice when there are changes that indicate that everything may not be alright.
- Watch out for your buddies
- Talk to them if you notice changes
- Share your experiences
- Keep in contact with team members
- Involve leadership if needed
- Encourage help-seeking if needed

CONFIDENCE: (slide 6)

“What are some common physical and emotional reactions to deployment stressors?”

List symptoms mentioned on board, which may include:

- Trouble sleeping
- Feeling irritable
- Physical, mental, emotional exhaustion
- Fear and nervousness
- Change in appetite and/or weight
- Feelings of helplessness
- Feelings of guilt
- Increased use of alcohol

“How can we differentiate symptoms we need to be concerned about versus those we don’t?”

Everyone reacts differently to stress. Reintegration is a time of heightened stress that many don’t anticipate.

*In the short term these reactions are normative. If they go beyond the period of reintegration, we need to check our reaction and determine if there is more going on than simply adjusting back to being at home. *

Seeking Help: (slide 7)

Outline helping resources, including contact numbers.

Structured Observation Tool

Briefing Number: _____

Time Start: _____

Time End: _____

TARGET AUDIENCE

1. Who is expected to attend the briefing? (check all that apply)

- ☐ Officers
- ☐ Enlisted
- ☐ Air Combat
- ☐ Air Mobility
- ☐ Air Force Materiel
- ☐ Air Force Special Operations Command
- ☐ Other (Fill in): _____

BRIEFING ADMINISTRATION

Facilities/configuration of room

2. Number of attendees (Fill in): _____

3. Does room adequately fit number of attendees? (Y/N) _____

4. Room organization (Check one)

- ☐ Chairs in rows facing briefer
- ☐ Chairs in semi-circle facing briefer
- ☐ Participants sitting at tables facing briefer
- ☐ Other configuration (Fill in): _____

Content of briefing

5. Does briefer allow for role playing sessions? (Y/N) _____

6. If YES, at what point are role playing sessions conducted?

- ☐ At point(s) designated in briefing
- ☐ At end of briefing

7. Does briefer administer ART as it is written? (Y/N)_____

8. If NO, in what ways does briefer change the briefing? (Check all that apply)

☐ **Changes content of slides: HOW is content changed? (Fill in):**

☐ **Changes order of slides: HOW is order changed? (Fill in):**

Questions and Answers

9. Does briefer allow for questions? (Y/N)_____

10. If YES, at what point are questions allowed? (Check one)

- ☐ Throughout the briefing
- ☐ At end of briefing only
- ☐ Other (Fill in): _____

11. Document questions raised and answers provided. Note any consistency across briefings in way questions are answered.

<u>QUESTIONS RAISED BY ATTENDEES</u>	<u>ANSWER(S)</u>

Protocol for Discussion Sessions with Deploying and Reintegrating Airmen

Airmen Resilience Training

Discussion Session Protocol with Deploying Airmen

Just to get started, it would be good to find out a little bit about the people who are in this group. Could we go around the room and briefly let us know a bit about yourselves? It would be good to know your first name, what your Specialty Code is, and if you have ever deployed for OEF/OIF.

OVERALL IMPRESSIONS OF ART

We would like to get your overall impressions of Airman Resilience Training.

Strengths/Likes

1. What did you like about the training? Can you give me a specific example?
 - Was there a slide that caught your attention? A concept that sticks out?
 - What are the strengths of the briefing?

Weaknesses/Dislikes

2. What didn't you like about the training? Can you give me a specific example?
 - Was there a slide that caught your attention? A concept that sticks out?
 - What are the weaknesses of the briefing?

CONTENT KNOWLEDGE

We'd like to ask some questions related to the content of the training you just heard.

Four Cs

ART focuses on the four Cs (Itemize them to refresh participants' memories):

- CHECK: Know yourself, what to expect from yourself and others
- CONTROL: Self-control of responses to situations
- CONNECT: Communicate with family, friends, and coworkers and use leadership skills to make a difference
- CONFIDENCE: Build trust in self, training, and leadership

3. How useful were the four Cs for you? Which specific skills seem to be the most useful?
4. Did the four Cs make sense to you? How much?
5. Was there anything in particular that was too vague to be useful?

Effectiveness

6. What were the strengths of this training? What made this an effective training? Or if you don't think this was strong or effective, what made it weak or ineffective?

Add/Remove Anything

7. Was there anything you wish that ART covered more? Less? Did you feel as though anything was missing from the briefing?
8. (*Refer to last slide on "Additional Resources"*)—Is this where you would go?
 - Would you know who to ask to help you find additional resources or to answer lingering questions?

IF ANY PARTICIPANTS HAVE DEPLOYED PREVIOUSLY

Now I would like to ask some questions of those who have previously deployed.

Learning Objectives

9. ART was designed to address several learning objectives. (*Address each, one by one*). Knowing what you know in theatre, after seeing ART do you think the presentation gave you enough information on (*list relevant learning objectives*)? Do you think that you know enough from this presentation to actually use the skills needed to:

- Give yourself a sense of *safety* when in a stressful situation?
- What to do to *calm* yourself when you felt stressed?
- What to do to build *confidence in your own abilities* and the *abilities of your unit*?
- What to do to *feel connected* with others – at home and in your unit?
- What to do to maintain your sense of hope?
- How you decide to talk to someone about *treatment*?

Relevancies/Irrelevancies

10. Which parts of ART did you find most irrelevant (if any)? Was there something that you think could be more effective if presented differently? If so, how so?

PRESENTATION

11. What's your impression of how the training was presented?

- Was this a positive experience?
- How could the presentation of this material be made more memorable?
- Would you like to see any changes to the presentation?

12. Was the presenter engaging? Did he or she speak clearly? Could you relate to the presenter?

Airmen Resilience Training

Discussion Session Protocol with Reintegrating Airmen

Just to get started, it would be good to find out a little bit about the people who are in this group. Could we go around the room and briefly let us know a bit about yourselves? It would be good to know your first name, what your Specialty Code is, how long you were deployed, where you were deployed to and how long you've been back.

OVERALL IMPRESSIONS OF ART

We would like to get your overall impressions of Airman Resilience Training.

Strengths/Likes

1. What did you like about the training? Can you give me a specific example?
 - Was there a slide that caught your attention? A concept that sticks out?
 - What are the strengths of the briefing?

Weaknesses/Dislikes

2. What didn't you like about the training? Can you give me a specific example?
 - Was there a slide that caught your attention? A concept that sticks out?
 - What are the weaknesses of the briefing?

CONTENT KNOWLEDGE

We'd like to ask some questions related to the content of the training you just heard.

Four Cs

ART focuses on the four Cs (Itemize them to refresh participants' memories):

- CHECK: Know yourself, what to expect from yourself and others
- CONTROL: Self-control of responses to situations
- CONNECT: Communicate with family, friends, and coworkers and use leadership skills to make a difference
- CONFIDENCE: Build trust in self, training, and leadership

Usefulness

3. How useful were the four Cs for you? Which specific skills seem to be the most useful? Do you think that you know enough from this presentation to actually use the skills, such as deep breathing, that were described in ART?

Effectiveness

4. What were the strengths of this training? What made this an effective training? Or if you don't think this was strong or effective, what made it weak or ineffective?

Add/Remove

5. Was there anything you wish that ART covered more? Less? Did you feel as though anything was missing from the briefing?

Predeployment Exposure

6. If you had been exposed to this training predeployment, do you think you would have turned to any ART content (the four Cs) during deployment?
 - Which parts?
 - Would it have been useful?

REDEPLOYMENT RELATED QUESTIONS

Now I would like to ask some questions about your thoughts on redeployment.

Challenges

7. What are some of the challenges you are facing, have faced, or foresee facing as you redeploy?
 - To what extent were these issues addressed by ART?

Preparedness

8. How prepared for returning from deployment do you now feel? To what extent did the ART briefing contribute to feelings of preparedness?

Learning Objectives

9. These are the learning objectives that the creator of ART intended to cover when designing the presentation. To what extent do you think you were able to learn these skills? Based on your experience, tell me if you think it would be useful to know
 - How to give yourself a sense of *safety* when in a stressful situation?
 - What to do to *calm* yourself when you felt stressed?
 - What to do to build *confidence in your own abilities* and the *abilities of your unit*?
 - What to do to *feel connected* with others – at home and in your unit?
 - What to do to maintain your sense of hope?
 - How you decide to talk to someone about *treatment*?

Intention

10. Which skills will you be able to use in returning from deployment? How likely are you to actually use the skills discussed in ART as you redeploy and reintegrate?

OTHER RESILIENCY PROGRAMS

We would like to hear your thoughts on how ART compares to other resiliency trainings you may have had in the past.

Predeployment Training

11. Do you recall receiving specific predeployment training (through Landing Gear, Battlemind, or another training)?
 - What aspects of your predeployment training did you find relevant to your experiences?
 - Any particular issues?
 - Any skills you were able to utilize while deployed?

Strategies Used

12. Thinking back on the predeployment preparations you received, what type of strategies did you use to cope with stress while deployed? How did you learn them?
 - What did you do during your last deployment to help give yourself a sense of *safety*?
 - What did you do to *calm* yourself when you felt stressed?
 - What did you do to build *confidence in your own abilities* and the *abilities of your unit*?
 - What did you do to *feel connected* with others – at home and in your unit?
 - What did you do to maintain your sense of *hope*?
 - How did you decide to talk to someone about *treatment*?

PRESENTATION

Impressions

13. What's your impression of how the training was presented?
 - Was this a positive experience?
 - How could the presentation of this material be made more memorable?
 - Would you like to see any changes to the presentation?

Briefer

14. Was the presenter engaging? Did he or she speak clearly? Could you relate to the presenter?

Protocol for Interviews with Chief Mental Health Officers and Their Staff

Airman Resilience Training Interview Protocol with Mental Health Professionals

PROFESSIONAL BACKGROUND

1. Can you tell me a little about your professional background?
 - What's your professional training/background? (psychiatrist vs. psychologist)
 - How long have you been in the mental health field?

Roles and Responsibilities

2. How long have you been at this installation?
3. Please describe your current roles and responsibilities at this installation.

EFFORTS TO PROMOTE RESILIENCE AT INSTALLATION

4. How long has this installation been briefing ART?
5. In addition to ART, what else does this installation do to deal with mental and psychological health of airmen in theater or when reintegrating back to civilian or postdeployment life?
6. Prior to briefing ART, did this installation utilize any kind of educational briefing that dealt with mental and psychological health? If so, which ones?
 - Landing Gear, Battlemind, others?
 - How does ART compare to previous—or other—briefings you've used on this same topic, either on this installation or elsewhere?

IMPLEMENTATION OF ART

7. The Air Force allows you to tailor ART to meet the needs of those being briefed. Who decides how and in what ways to tailor ART? (Briefer? Mental Health Professional? Deployment offices?)
 - In what specific ways is ART tailored here?
 - Why were these changes made?
8. Who briefs ART here?
 - In your opinion, is this the appropriate person? Why or why not?

ART CONTENT

9. In your opinion, does the briefing convey the appropriate material to meet the needs of the airmen?
 - If so, in what ways?
 - If not, why not?
10. Is it OK that the briefing focuses on coping with stress only? Do you think ART adequately prepares airmen for combat-related stress? (NOTE: Let interviewee define “adequate”)
11. How would you improve the content/material in the briefing?
 - Anything you think is important but is missing?
 - Anything you think is a waste of time?
 - Anything you’d like to skip?

PERCEIVED EFFECTIVENESS OF ART

12. In your role as a health care professional here on the installation, have you noticed any changes in deploying or reintegrating airmen after having received ART in terms of
 - Awareness of PTSD, TBI, or depression issues?
 - Feelings of preparation to deal with stress while in theater?
 - Utilization of coping techniques to deal with PTSD or TBI?
 - General discussion of coping techniques among airmen?
13. Why or why not?
14. In your opinion, what makes the difference in changes to airmen in the above?

FOLLOW UP EFFORTS

15. When you follow up with airmen returning from deployment, do they seem to remember the techniques and information from the ART briefing? Did they use the techniques or information in some way?
16. Does the ART program complement or mesh with your approach to postdeployment mental health? (*What is its focus on and current process?*)

RELEVANCE TO CLINICAL PRACTICE

17. How does ART play a role, if any, in your clinical interactions with airmen?
18. Does ART help with your clinical practice in the way the patient talks to you?

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Since 2001, the U.S. military has been functioning at an operational tempo that is historically high for the all-volunteer force in which service members are deploying for extended periods on a repeated basis. Even with the drawdown of troops from Iraq in 2011, some service members are returning from deployment experiencing difficulties handling stress, mental health problems, or deficits caused by a traumatic brain injury (TBI). In response to these challenges, the U.S. Department of Defense (DoD) has implemented numerous programs to support service members and their families in these areas. In 2009, the Assistant Secretary of Defense for Health Affairs asked the RAND National Defense Research Institute to develop a comprehensive catalog of existing programs sponsored or funded by DoD to support psychological health and care for TBI, to create tools to support ongoing assessment and evaluation of the DoD portfolio of programs, and to conduct evaluations of a subset of these programs. This report describes RAND's assessment of an Air Force program, Airman Resilience Training (ART), which is a psychoeducational program designed to improve airmen's reactions to stress during and after deployment and to increase the use of mental health services when needed. ART was initiated in November 2010, replacing a previous program named Landing Gear, which had been in place since April 2008. The RAND study took place from August 2011 through November 2011. This report will be of particular interest to officials within the Air Force who are responsible for the psychological health and well-being of airmen, as well as to others within the military who are developing programs for service members to help them cope with stress while in combat situations and after returning from deployment.



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